
State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017

Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Pennsylvania
TOI:	LTC04I Individual Long Term Care - Nursing Home
Sub-TOI:	LTC04I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	06/20/2017
SERFF Tr Num:	AERS-130983743
SERFF Status:	Assigned
State Tr Num:	AERS-130983743
State Status:	Received Review in Progress
Co Tr Num:	30225 2017
Implementation	On Approval
Date Requested:	
Author(s):	Jeff Pederson, Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Lynn Blount
Reviewer(s):	Jim Lavery (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	
Proposed aggregate 25.7% increase on 2,788 policyholders of RiverSource LTC Nursing Home Indemnity Policy 30225-PA, 30225-PA1, and 30225A-PA1.	

State: Pennsylvania
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30225 2017/30225 2017
Filing Company: RiverSource Life Insurance Company

General Information

Project Name: 30225 2017
Project Number: 30225 2017
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 25.7%
Deemer Date:
Submitted By: Peg VanDrisse
Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: State specific filing
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/20/2017
State Status Changed: 06/20/2017
Created By: Peg VanDrisse
Corresponding Filing Tracking Number:
State TOI: LTC04I Individual Long Term Care - Nursing Home

Filing Description:

This is a long-term care rate increase. Please see the attached cover letter.

Company and Contact

Filing Contact Information

Peg VanDrisse, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474
peg.vandrisse@ampf.com
612-671-8584 [Phone]
612-678-0034 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center,
H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]
CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832
State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation: Submitting MN retaliatory rate filing fee of \$125.
Per Company: Yes

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	\$125.00	06/20/2017	125032368

SERFF Tracking #:	AERS-130983743	State Tracking #:	AERS-130983743	Company Tracking #:	30225 2017
State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company		
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified				
Product Name:	Long Term Care				
Project Name/Number:	30225 2017/30225 2017				

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	12/01/2015
Filing Method of Last Filing:	Review and Approve

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	%	%	\$1,196,338	2,788	\$4,655,014	25.700%	25.700%

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA PremiumRates 30225	30225-PA, 30225-PA1, 30225A-PA1	Revised	Previous State Filing Number: AERS-129957668 Percent Rate Change Request: 15	PA PremiumRates_30225_20170620.pdf,

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.80	53.10	134.30	99.96	168.64	124.92
41	71.80	53.10	134.30	99.96	168.64	124.92
42	71.80	53.10	134.30	99.96	168.64	124.92
43	71.80	53.10	134.30	99.96	168.64	124.92
44	71.80	53.10	134.30	99.96	168.64	124.92
45	71.80	53.10	134.30	99.96	168.64	124.92
46	78.08	59.32	140.54	106.16	178.02	134.30
47	78.08	59.32	143.66	106.16	181.10	134.30
48	81.16	59.32	146.74	109.32	184.26	137.40
49	81.16	62.46	146.74	112.42	187.40	140.54
50	84.32	62.46	149.90	112.42	190.46	143.66
51	87.44	65.58	156.10	118.68	196.74	149.90
52	93.68	68.72	162.40	121.74	206.08	156.10
53	96.78	71.80	168.64	128.02	215.44	162.40
54	103.04	78.08	178.02	134.30	227.98	171.72
55	115.52	87.44	196.74	149.90	252.94	190.46
56	124.92	96.78	215.44	165.50	274.78	215.44
57	137.40	106.16	234.18	181.10	299.78	231.10
58	153.04	118.68	259.16	196.74	327.92	252.94
59	171.72	128.02	284.18	215.44	362.22	274.78
60	190.46	149.90	312.28	246.70	396.58	312.28
61	212.36	171.72	352.86	287.30	443.42	359.12
62	234.18	184.26	384.08	306.00	487.16	384.08
63	268.54	218.60	440.28	355.94	555.84	449.66
64	302.94	237.34	493.40	387.26	621.40	490.24
65	337.28	274.78	540.18	440.28	680.70	555.84
66	368.48	293.58	580.82	465.26	733.84	587.06
67	409.06	324.78	640.14	509.02	802.54	637.04
68	449.66	368.48	696.34	568.34	871.22	708.86
69	505.86	399.70	774.44	615.18	964.90	765.08
70	558.94	443.42	849.34	674.48	999.98	836.90
71	612.06	484.04	918.04	727.58	999.98	896.18
72	671.34	533.96	999.98	799.38	999.98	968.04
73	746.28	599.56	999.98	880.60	999.98	999.98
74	821.24	662.06	999.98	964.90	999.98	999.98
75	911.84	724.48	999.98	999.98	999.98	999.98
76	999.98	805.64	999.98	999.98	999.98	999.98
77	999.98	908.68	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	56.22	40.58	99.96	71.80	124.92	90.58
41	56.22	40.58	99.96	71.80	124.92	90.58
42	56.22	40.58	99.96	71.80	124.92	90.58
43	56.22	40.58	99.96	71.80	124.92	90.58
44	56.22	40.58	99.96	71.80	124.92	90.58
45	56.22	40.58	99.96	71.80	124.92	90.58
46	59.32	43.74	103.04	74.92	131.14	93.68
47	62.46	43.74	106.16	74.92	134.30	96.78
48	62.46	43.74	106.16	78.08	134.30	96.78
49	62.46	46.86	109.32	81.16	137.40	99.96
50	65.58	46.86	112.42	81.16	140.54	99.96
51	68.72	49.94	115.52	87.44	153.04	109.32
52	71.80	49.94	118.68	87.44	156.10	112.42
53	74.92	53.10	124.92	90.58	159.26	115.52
54	81.16	56.22	131.14	93.68	168.64	121.74
55	87.44	62.46	143.66	103.04	187.40	134.30
56	96.78	71.80	159.26	115.52	202.98	149.90
57	106.16	78.08	171.72	128.02	218.60	162.40
58	118.68	87.44	190.46	137.40	240.46	174.86
59	131.14	93.68	209.24	149.90	265.42	190.46
60	146.74	109.32	231.10	174.86	290.40	218.60
61	162.40	128.02	259.16	199.84	324.78	252.94
62	181.10	137.40	281.04	215.44	355.94	268.54
63	206.08	159.26	321.60	249.82	405.96	315.36
64	231.10	174.86	359.12	271.68	455.88	343.50
65	259.16	202.98	396.58	309.16	499.60	390.34
66	281.04	215.44	424.68	327.92	537.12	412.22
67	315.36	240.46	468.44	355.94	590.18	446.52
68	346.56	268.54	512.14	396.58	640.14	496.48
69	387.26	293.58	565.20	430.92	705.68	537.12
70	427.82	324.78	621.40	471.50	771.26	587.06
71	468.44	355.94	671.34	509.02	827.54	627.62
72	518.38	393.44	733.84	558.94	889.94	677.64
73	574.54	440.28	802.54	618.28	961.76	740.10
74	630.78	487.16	877.48	677.64	999.98	799.38
75	702.62	533.96	971.10	736.94	999.98	852.52
76	783.80	593.30	999.98	805.64	999.98	924.32
77	874.32	668.28	999.98	902.46	999.98	999.98
78	968.04	736.94	999.98	980.52	999.98	999.98
79	999.98	811.90	999.98	999.98	999.98	999.98
80		883.70		999.98		999.98
81		958.68		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.94	37.52	87.44	65.58	109.32	81.16
41	49.94	37.52	87.44	65.58	109.32	81.16
42	49.94	37.52	87.44	65.58	109.32	81.16
43	49.94	37.52	87.44	65.58	109.32	81.16
44	49.94	37.52	87.44	65.58	109.32	81.16
45	49.94	37.52	87.44	65.58	109.32	81.16
46	53.10	40.58	90.58	68.72	115.52	87.44
47	53.10	40.58	93.68	71.80	118.68	90.58
48	56.22	40.58	96.78	71.80	121.74	90.58
49	56.22	43.74	96.78	74.92	121.74	93.68
50	59.32	43.74	99.96	74.92	124.92	93.68
51	62.46	46.86	103.04	78.08	131.14	103.04
52	62.46	46.86	106.16	81.16	134.30	106.16
53	68.72	49.94	112.42	84.32	143.66	112.42
54	71.80	53.10	118.68	90.58	149.90	115.52
55	78.08	59.32	128.02	96.78	165.50	124.92
56	87.44	65.58	140.54	109.32	181.10	137.40
57	96.78	74.92	153.04	118.68	196.74	153.04
58	106.16	81.16	171.72	131.14	218.60	165.50
59	118.68	90.58	187.40	143.66	240.46	181.10
60	131.14	103.04	206.08	162.40	262.34	206.08
61	146.74	118.68	231.10	187.40	290.40	234.18
62	162.40	128.02	252.94	199.84	321.60	252.94
63	187.40	149.90	293.58	237.34	368.48	296.64
64	209.24	165.50	324.78	256.06	409.06	321.60
65	231.10	190.46	355.94	290.40	446.52	365.36
66	252.94	202.98	381.00	306.00	477.80	384.08
67	284.18	224.82	421.56	334.14	530.82	421.56
68	315.36	256.06	462.16	374.72	577.70	471.50
69	349.74	277.94	509.02	405.96	633.90	505.86
70	384.08	306.00	558.94	443.42	693.26	549.58
71	418.42	330.98	599.56	474.66	736.94	583.94
72	465.26	371.56	662.06	527.76	802.54	637.04
73	518.38	418.42	727.58	583.94	874.32	702.62
74	568.34	455.88	790.02	637.04	930.54	749.46
75	630.78	499.60	871.22	690.10	999.98	802.54
76	699.46	552.74	949.30	752.56	999.98	861.88
77	786.92	630.78	999.98	849.34	999.98	958.68
78	877.48	699.46	999.98	930.54	999.98	999.98
79	946.16	761.92	999.98	999.98	999.98	999.98
80		818.16		999.98		999.98
81		883.70		999.98		999.98
82		949.30		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.74	31.22	74.92	56.22	93.68	68.72
41	43.74	31.22	74.92	56.22	93.68	68.72
42	43.74	31.22	74.92	56.22	93.68	68.72
43	43.74	31.22	74.92	56.22	93.68	68.72
44	43.74	31.22	74.92	56.22	93.68	68.72
45	43.74	31.22	74.92	56.22	93.68	68.72
46	43.74	34.34	78.08	59.32	96.78	71.80
47	46.86	34.34	81.16	59.32	99.96	74.92
48	46.86	34.34	81.16	59.32	99.96	74.92
49	46.86	34.34	81.16	59.32	103.04	78.08
50	49.94	37.52	84.32	62.46	106.16	84.32
51	49.94	37.52	87.44	65.58	109.32	87.44
52	53.10	40.58	90.58	68.72	115.52	90.58
53	56.22	43.74	93.68	71.80	118.68	93.68
54	59.32	43.74	99.96	74.92	128.02	93.68
55	65.58	49.94	109.32	81.16	140.54	106.16
56	74.92	53.10	121.74	87.44	156.10	112.42
57	81.16	62.46	131.14	99.96	168.64	128.02
58	90.58	68.72	143.66	109.32	184.26	140.54
59	99.96	74.92	159.26	121.74	199.84	153.04
60	115.52	84.32	181.10	134.30	227.98	168.64
61	124.92	93.68	196.74	146.74	246.70	184.26
62	140.54	106.16	221.70	168.64	281.04	212.36
63	159.26	115.52	246.70	181.10	312.28	227.98
64	184.26	131.14	284.18	206.08	359.12	259.16
65	202.98	146.74	309.16	224.82	390.34	284.18
66	227.98	162.40	343.50	246.70	430.92	309.16
67	249.82	178.02	371.56	262.34	468.44	330.98
68	274.78	199.84	405.96	293.58	505.86	365.36
69	299.78	215.44	437.18	312.28	546.46	390.34
70	324.78	237.34	468.44	343.50	580.82	424.68
71	355.94	259.16	509.02	368.48	627.62	452.80
72	387.26	281.04	549.58	399.70	668.28	484.04
73	421.56	309.16	587.06	434.08	705.68	521.44
74	462.16	340.38	640.14	471.50	755.64	555.84
75	509.02	368.48	702.62	509.02	811.90	590.18
76	562.10	409.06	765.08	555.84	880.60	637.04
77	624.54	455.88	843.12	615.18	946.16	693.26
78	687.02	502.76	914.94	671.34	999.98	746.28
79	752.56	549.58	996.08	724.48	999.98	805.64
80		599.56		780.66		864.94
81		655.76		843.12		933.68
82		715.04		908.68		999.98
83		780.66		980.52		999.98
84		852.52		999.98		999.98

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CovLtr_30225_20170620.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActMem_30225_20170620.pdf PA ActMem_ExhibitVI_30225_20170620.xlsx PA Supplement_30225_20170620.pdf PA Supplement_Attachments_30225_20170620.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	NA
Attachment(s):	

State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Item Status:	
Status Date:	

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Third Party Document
Comments:	
Attachment(s):	Milliman_Involvement_PA_30225_20170619.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Policy Forms
Comments:	

SERFF Tracking #:	AERS-130983743	State Tracking #:	AERS-130983743	Company Tracking #:	30225 2017
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State:	Pennsylvania	Filing Company:	RiverSource Life Insurance Company
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified		
Product Name:	Long Term Care		
Project Name/Number:	30225 2017/30225 2017		

Attachment(s):	30225A-PA1.pdf 30225-PA.pdf 30225-PA1.pdf 30270.pdf 30271.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Sample Policyholder Notification Letters
Comments:	
Attachment(s):	Sample LTC Policyholder Notification Letter - On Waiver.pdf Sample LTC Policyholder Notification Letter - Not On Waiver.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	AERS-130983743	State Tracking #:	AERS-130983743	Company Tracking #:	30225 2017
<hr/>					
State:	Pennsylvania		Filing Company:	RiverSource Life Insurance Company	
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified				
Product Name:	Long Term Care				
Project Name/Number:	30225 2017/30225 2017				

Attachment PA ActMem_ExhibitVI_30225_20170620.xlsx is not a PDF document and cannot be reproduced here.

Attachment PA Supplement_Attachments_30225_20170620.xlsx is not a PDF document and cannot be reproduced here.

June 20, 2017

Honorable Teresa D. Miller
Insurance Commissioner
Pennsylvania Insurance Department

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-130983743
Policy Forms: Nursing Home Indemnity Policy 30225-PA, 30225-PA1, and 30225A-PA1

Dear Commissioner Miller:

The referenced rate filing is being submitted by RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30225-PA, 30225-PA1, and 30225A-PA1 are existing individual policy forms providing benefits for confinement in a nursing home and were previously approved in 1993, 1995, and 1997, respectively. These forms were issued in Pennsylvania from January 1993 through September 1998 and are no longer being marketed in any state, and, outside of Pennsylvania, were last issued in 2002.

The company is requesting the approval of a premium rate increase on the above-listed forms. At this time, a premium rate increase of 25.7% is being requested on the nursing home portion of the premium only. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 25.7% is being requested in Pennsylvania at this time. Unless emerging experience improves, we believe it is likely that additional premium rate increases will be requested in the future.

As noted in the Actuarial Memorandum, six prior premium rate increases have been approved and implemented on these forms. A 35% increase was approved in January 2005 and implemented on each contract's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each contract's next policy anniversary beginning in July 2008. A 10% increase was approved in June 2009 and implemented on each contract's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each contract's next policy anniversary beginning in December 2015.

These prior rate increases only applied to the nursing home portion of premium, including premium associated with the optional benefit increase rider; no increase has been or is being requested for the premium associated with the optional home care rider or the optional nonforfeiture benefit rider.

As with the prior rate increases, the company will offer insureds affected by the premium increase the option of reducing their policy benefit to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

The following electronic items are included in this submission:

- this cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- copies of policy forms 30225-PA, 30225-PA1 and 30225A-PA1 and rider forms 30270 and 30271;
- a Microsoft Excel workbook containing Exhibit VI of the Actuarial Memorandum;
- a Microsoft Excel workbook containing Attachments 3 through 9 of the Supplement; and
- copies of sample rate increase notification letters¹.

¹ In the future, slight variations in language in the letters may occur that do not materially change the information being provided to the policyholder. As the letters do not require Department approval, we understand that it will not be necessary to file each of these minor variations with the state of Pennsylvania.

The required retaliatory filing fee of \$125 will be paid via Electronic Funds Transfer (EFT).

Thank you for your assistance in reviewing this filing.

Respectfully,



Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company

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Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

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Policy forms 30225-PA, 30225-PA1, and 30225A-PA1 are individual policy forms providing benefits to individuals for confinement in a nursing home. These forms were issued in Pennsylvania from January 15, 1993 to September 15, 1998.

1. Purpose of Filing

This Actuarial Memorandum has been prepared for the purpose of demonstrating the compliance of the requested premium rate increase with the applicable laws of the State of Pennsylvania and with the rules of the Department and that the anticipated loss ratio of these policy forms meets the minimum requirements of the state. It may not be appropriate for other purposes.

2. Description of Benefits

These are individually underwritten policy forms which pay a daily benefit for confinement in a nursing home. Benefits are payable under skilled, intermediate or custodial levels of care. Hospital confinement is not a pre-requisite for benefit entitlement.

The confinement daily benefit is selected at issue. The maximum period for which confinement benefits are payable is also selected at issue. The choices are: 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), and unlimited. This policy also pays 60% of the confinement daily benefit for stays in a qualified Assisted Living Facility ("ALF"). A qualified ALF is one that has a minimum of 10 inpatients and has a 24-hour awake, trained, and ready to respond staff.

Confinement benefit payments commence after an elimination period of 20 days or 100 days, depending on the plan initially chosen. During the continuation of confinement benefit payments, the premiums are waived after 90 days.

Benefit eligibility for nursing home coverage is based on any one of the following: sickness or injury (1996 and prior issues only), 3 or more Activities of Daily Living ("ADL") deficiencies out of 6 ADLs, or cognitive impairment. As defined in the policy, the 6 ADLs are: Bathing, Continence, Dressing, Feeding, Toileting, and Transferring. Benefit eligibility for ALF coverage is based on 3 or more out of 6 ADL deficiencies or cognitive impairment. In most other states, benefit eligibility for nursing home coverage is based on any one of the following: sickness or injury (1996 and prior issues only), 2 or more out of 5 ADL deficiencies (Continence, Dressing, Feeding, Toileting, and Transferring), or cognitive impairment. Benefit eligibility for ALF coverage in most other states is based on 2 or more out of 5 ADL deficiencies or cognitive impairment.

If temporary hospitalization is required during a period of confinement in a nursing home or an ALF, and there is a charge for reserving a bed in the facility, this policy will pay the daily benefit for up to 21 days during any confinement period.

At issue, the insured may choose to elect either the Simple Benefit Increase Option or the Compound Benefit Increase Option. The Simple Benefit Increase Option will increase the original daily limits by a fixed amount (5% of the original maximum daily benefits) each year from the second year on for life. The Compound Benefit Increase

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Option will increase the previous year's daily limits by 5% per year from the second year on for life. The increasing benefits apply even when the policy is in claim status.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies only, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms but not the optional home care rider or the optional nonforfeiture benefit rider.

5. Actuarial Assumptions

Exhibit I provides a comparison of the original pricing assumptions and the current assumptions used in this filing for morbidity, mortality, lapses and interest.

Exhibits II, III, IV and V provide experience analysis summaries for morbidity, mortality and lapse in support of the current rate increase assumptions.

The following discussion describes the actuarial assumptions used in the current rate increase analysis and summarizes our experience analysis in support of these current rate increase assumptions as well as the company's management of this block of business. We believe the current assumptions are justified by the underlying experience and that the changed assumptions from original pricing are reasonable.

Morbidity

Starting in 1989, RiverSource Life Insurance Company ("RiverSource Life") marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and expected severities of claims for the non-increasing benefit were developed. It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit.

Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.

Currently assumed expected claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors ("morbidity A/E factors"). The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later.

We conduct a morbidity study every year to analyze the current morbidity A/E factors. The analysis is done on a claim cost basis, rather than on a frequency and severity

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basis, which is not readily available. The current study includes actual emerging experience through anniversaries ending December 2015 and is based on 10,811 actual claims (5,779 lifetime and 5,032 non-lifetime).

The morbidity study compares actual incurred claims to expected incurred claims, where expected claims reflect the original pricing claim costs adjusted with the company's most recent set of morbidity A/E factors. If the resulting cumulative actual-to-expected ratio is near 100% while minimizing the squared error, no changes are made to the morbidity A/E factors. However, if the actual-to-expected ratio has shifted away from 100% or the squared error is too high, we develop a new set of morbidity A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

The currently assumed morbidity A/E factors are shown in the following tables:

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Lifetime Benefit Morbidity Actual-to-Expected Adjustment Factors

Duration	Age at Issue						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.150	0.550	1.150	1.450	1.650	2.200	2.150
2	0.150	0.550	1.150	1.450	1.650	2.200	2.150
3	0.150	0.550	1.150	1.450	1.650	2.200	2.150
4	0.210	0.580	1.120	1.460	1.700	2.140	2.120
5	0.270	0.610	1.090	1.470	1.750	2.080	2.090
6	0.330	0.640	1.060	1.480	1.800	2.020	2.060
7	0.390	0.670	1.030	1.490	1.850	1.960	2.030
8	0.450	0.700	1.000	1.500	1.900	1.900	2.000
9	0.480	0.710	1.040	1.520	1.860	1.840	1.954
10	0.510	0.720	1.080	1.540	1.820	1.780	1.908
11	0.540	0.730	1.120	1.560	1.780	1.720	1.862
12	0.570	0.740	1.160	1.580	1.740	1.660	1.816
13	0.600	0.750	1.200	1.600	1.700	1.600	1.770
14	0.640	0.826	1.238	1.556	1.646	1.578	1.782
15	0.680	0.902	1.276	1.512	1.592	1.556	1.794
16	0.720	0.978	1.314	1.468	1.538	1.534	1.806
17	0.760	1.054	1.352	1.424	1.484	1.512	1.818
18	0.800	1.130	1.390	1.380	1.430	1.490	1.830
19	0.814	1.136	1.390	1.408	1.440	1.506	1.826
20	0.828	1.142	1.390	1.436	1.450	1.522	1.822
21	0.842	1.148	1.390	1.464	1.460	1.538	1.818
22	0.856	1.154	1.390	1.492	1.470	1.554	1.814
23	0.870	1.160	1.390	1.520	1.480	1.570	1.810
24	0.884	1.160	1.388	1.518	1.492	1.574	1.830
25	0.898	1.160	1.386	1.516	1.504	1.578	1.850
26	0.912	1.160	1.384	1.514	1.516	1.582	1.870
27	0.926	1.160	1.382	1.512	1.528	1.586	1.890
28	0.940	1.160	1.380	1.510	1.540	1.590	1.910
29	0.952	1.167	1.380	1.512	1.538	1.588	1.908
30	0.963	1.173	1.380	1.513	1.537	1.587	1.907
31	0.975	1.180	1.380	1.515	1.535	1.585	1.905
32	0.987	1.187	1.380	1.517	1.533	1.583	1.903
33	0.998	1.193	1.380	1.518	1.532	1.582	1.902
34	1.010	1.200	1.380	1.520	1.530	1.580	1.900
35	1.022	1.207	1.380	1.522	1.528	1.578	1.898
36	1.033	1.213	1.380	1.523	1.527	1.577	1.897
37	1.045	1.220	1.380	1.525	1.525	1.575	1.895
38	1.057	1.227	1.380	1.527	1.523	1.573	1.893
39	1.068	1.233	1.380	1.528	1.522	1.572	1.892
40+	1.080	1.240	1.380	1.530	1.520	1.570	1.890

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Non-Lifetime Benefit Morbidity Actual-to-Expected Adjustment Factors

Duration	Age at Issue							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
2	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
3	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
4	0.120	0.310	0.580	0.680	0.800	1.440	1.680	1.992
5	0.140	0.320	0.610	0.710	0.850	1.430	1.660	1.934
6	0.160	0.330	0.640	0.740	0.900	1.420	1.640	1.876
7	0.180	0.340	0.670	0.770	0.950	1.410	1.620	1.818
8	0.200	0.350	0.700	0.800	1.000	1.400	1.600	1.760
9	0.250	0.360	0.702	0.840	1.032	1.380	1.570	1.772
10	0.300	0.370	0.704	0.880	1.064	1.360	1.540	1.784
11	0.350	0.380	0.706	0.920	1.096	1.340	1.510	1.796
12	0.400	0.390	0.708	0.960	1.128	1.320	1.480	1.808
13	0.450	0.400	0.710	1.000	1.160	1.300	1.450	1.820
14	0.460	0.462	0.764	1.042	1.164	1.302	1.448	1.844
15	0.470	0.524	0.818	1.084	1.168	1.304	1.446	1.868
16	0.480	0.586	0.872	1.126	1.172	1.306	1.444	1.892
17	0.490	0.648	0.926	1.168	1.176	1.308	1.442	1.916
18	0.500	0.710	0.980	1.210	1.180	1.310	1.440	1.940
19	0.542	0.728	1.020	1.214	1.196	1.316	1.450	1.962
20	0.584	0.746	1.060	1.218	1.212	1.322	1.460	1.984
21	0.626	0.764	1.100	1.222	1.228	1.328	1.470	2.006
22	0.668	0.782	1.140	1.226	1.244	1.334	1.480	2.028
23	0.710	0.800	1.180	1.230	1.260	1.340	1.490	2.050
24	0.752	0.824	1.180	1.230	1.272	1.356	1.490	2.050
25	0.794	0.848	1.180	1.230	1.284	1.372	1.490	2.050
26	0.836	0.872	1.180	1.230	1.296	1.388	1.490	2.050
27	0.878	0.896	1.180	1.230	1.308	1.404	1.490	2.050
28	0.920	0.920	1.180	1.230	1.320	1.420	1.490	2.050
29	0.928	0.928	1.180	1.230	1.321	1.421	1.489	2.050
30	0.937	0.937	1.180	1.230	1.322	1.422	1.488	2.050
31	0.945	0.945	1.180	1.230	1.323	1.423	1.488	2.050
32	0.953	0.953	1.180	1.230	1.323	1.423	1.487	2.050
33	0.962	0.962	1.180	1.230	1.324	1.424	1.486	2.050
34	0.970	0.970	1.180	1.230	1.325	1.425	1.485	2.050
35	0.978	0.978	1.180	1.230	1.326	1.426	1.484	2.050
36	0.987	0.987	1.180	1.230	1.327	1.427	1.483	2.050
37	0.995	0.995	1.180	1.230	1.328	1.428	1.483	2.050
38	1.003	1.003	1.180	1.230	1.328	1.428	1.482	2.050
39	1.012	1.012	1.180	1.230	1.329	1.429	1.481	2.050
40+	1.020	1.020	1.180	1.230	1.330	1.430	1.480	2.050

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Professional judgment is applied to create morbidity A/E factors for periods beyond that for which there is actual experience available. It has been credibly observed on older forms, including 30225, that experience has been favorable at younger attained ages but much worse than priced for at older attained ages. Thus we believe morbidity A/E factors that increase by duration are appropriate.

Exhibit II provides a comparison of actual and expected experience, where expected experience reflects claim costs using current morbidity A/E factors. As shown in this exhibit, the ratio of total actual-to-expected claims using the current morbidity A/E factors is 99.8%. Actual claim counts split by issue age band are also displayed in Exhibit II.

Mortality

We conduct a mortality study every year to develop durational mortality actual-to-expected adjustment factors ("mortality A/E factors") that are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table. The mortality study is based on actual experience for all long-term care ("LTC") policies combined. The current study includes all 48,645 deaths on LTC policies incurred for policy anniversaries in 2000 through policy anniversaries in 2015.

The current mortality A/E factors were developed subject to the constraint that the factors must be non-decreasing by duration. The mortality A/E factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 35 for younger issue ages.

Exhibit III provides a comparison of the actual and expected deaths, where the expected basis reflects the 1983 IAM Basic mortality with the currently assumed mortality A/E factors. The mortality A/E factors fit the observed data very well with the resulting ratio of actual-to-expected deaths at or near 100%.

Lapse Rates

We conduct a lapse study each year to develop a best estimate lapse assumption. The lapse study is based on actual experience for all LTC policies combined. The current study includes all 37,181 lapses on LTC policies for policy anniversaries in 2000 through policy anniversaries in 2015, including 12,646 lapses in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the results of the lapse study to develop the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages.

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Exhibit IV provides a comparison of the actual and expected lapse experience, where the expected basis shown in this exhibit reflects the currently assumed lapse rates. As shown in this exhibit, currently assumed ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime).

We also conduct a study each year to develop best estimate assumptions for shock lapses and benefit reductions associated with different levels of rate increase. Exhibit V provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase. Based on our actual experience, in the year of rate increase notification to policyholders, an additional 1.8% of inforce policyholders is assumed to lapse, and a 1.5% reduction in benefits due to election of reduced benefit options is also assumed.

We have experienced much stronger customer loyalty than anticipated at the time the LTC policy forms were initially priced. The resulting high policy persistency has unfortunately had an adverse impact on loss ratios.

Adverse Selection

Adverse selection of 3.3% in the year of rate increase notification to policyholders, grading down to 0% in the 5th year after rate increase notification is assumed.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2005, 2008, 2009, 2011, 2013 and 2016 so that total commissions paid before and after the past sought nationwide increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

The above assumptions are based on actual inforce experience of RiverSource Life and are deemed reasonable for these particular policy forms; they do not include any provision for profit or contingencies.

6. Marketing Method

These policy forms were marketed by agents of RiverSource Life.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums vary by issue age, the benefit limit, the initial daily benefit, the elimination period, and the Benefit Increase Option.

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9. Issue Age Range

The issue ages are from 40 to 79 except for the benefit structure with 100-day elimination period, non-lifetime benefits, which is issued to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of December 31, 2016) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	42.9%
Semi-Annual	0.5020*AP + 0.4	9.1%
Quarterly	0.2580*AP + 0.5	8.5%
Monthly	0.0868*AP + 0.6	39.5%

12. Active Life Reserves

Active life reserves, although they have significant impact, have not been used in this rate increase analysis, except as shown in the Supplement to this Actuarial Memorandum.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for policy form 30225 is shown in Exhibit VI, including any previously implemented premium rate increases as described below in section 15.

Historical experience is shown by claim incurral year with the loss ratio for each calendar year. The following formula provides an illustration of the historical loss ratio calculation for each calendar year:

$$LR_j = \frac{\sum_k \sum_t Pmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year j

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${}_jPmt_t^k$ = claim payments at time t for claims incurred at time k in year j

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2016 for claims incurred at time k
in year j

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2016 attributable to
claims incurred at time k in year j

EP_j = earned premium in year j

$ValDate$ = December 31, 2016

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

$v = 1 / 1.045 = 0.956938$

A historical annual loss ratio is calculated, without and with interest, as historical incurred claims divided by historical earned premiums. Historical earned premiums used in Exhibit VI are calculated based on the issue and, if appropriate, termination date for each policy. Historical incurred claims used in Exhibit VI are determined by discounting claim payments and open claim reserves to the actual original loss date for each claim and by discounting IBNR to the time it is assumed to occur. These items are then summed to produce a total for each calendar year. For purposes of accumulating historical experience for a historical or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated, without and with interest, as anticipated incurred claims divided by anticipated earned premiums. Anticipated earned premiums and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of discounting projected future experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A lifetime loss ratio as of December 31, 2016 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 4.5% and assume mid-year values.

15. History of Previous Rate Revisions

Six prior premium rate increases have been approved and implemented on these forms. A 35% increase was approved in January 2005 and implemented on each contract's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each contract's next policy anniversary beginning in July 2008. A

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10% increase was approved in June 2009 and implemented on each contract's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each contract's next policy anniversary beginning in December 2015.

The actual and projected premiums in Exhibit VI reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2016 on a nationwide basis.

16. Requested Premium Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting a premium rate increase of 25.7%.

Projected experience assuming the requested premium rate increase is implemented is shown in Exhibit VI. As shown in this exhibit, the expected lifetime loss ratio before and after the requested premium rate increase exceeds the minimum loss ratio of 60%.

Corresponding premium rate tables with the requested rate increase are provided in Exhibit VII.

17. Pennsylvania Average Annual Premium (Nursing Home Annual Premium Based on December 31, 2016 Inforce)

Before increase: \$1,670
After increase: \$2,098

These values assume all previously approved premium rate increases have been implemented.

18. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following a 60-day policyholder notification period.

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19. Nationwide Distribution of Business as of December 31, 2016 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	34.3%
55-59	29.7%
60-64	22.6%
65-69	9.9%
70-74	3.0%
75-79	0.5%
>79	<0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	19.3%
100-day	80.7%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.2%
3-Year	7.9%
4-Year	20.2%
Unlimited	69.7%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	12.4%
Simple	38.7%
Compound	48.9%

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By Gender :

Gender	Percent Distribution
Female	61.8%
Male	38.2%

20. Number of Policyholders

As of December 31, 2016, the number of policies and annual nursing home premium inforce assuming all premium rate increases previously approved in Pennsylvania have been implemented in both the state and nationwide, is:

	Number of Insureds	Nursing Home Annual Premium
Pennsylvania	2,788	\$4,655,007
Nationwide	39,831	\$64,185,785

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30225 Series

June 2017

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

I believe this rate filing is in compliance with the applicable laws of the State of Pennsylvania and with the rules of the Department. This Actuarial Memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the State of Pennsylvania. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. This rate filing will progress toward premium adequacy but may not be sufficient to prevent future rate action. Therefore, benefits cannot be certified as reasonable in relation to premiums.



Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: June 20, 2017

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30225

Morbidity Assumptions	
Original Pricing Assumptions: Starting in 1989, RiverSource Life marketed nursing home policies with a zero day prior hospitalization requirement. Using the emerging experience on this business, statistics from the "1985 National Nursing Home Survey" published by the National Center for Health Statistics, and input provided from RiverSource Life's reinsurer, the expected frequencies and expected severities of claims for the non-increasing benefit were developed. It should be noted that considerable judgment was made with regard to the frequency and severity of claims, especially for the ALF benefit. Claim costs for the Benefit Increase Options were based on these claim costs with the benefit loaded to reflect the scheduled increases in benefits.	
The following selection factors were used:	
Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30225

Morbidity Assumptions							
<p>Current Assumptions: Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2015.</p>							
Lifetime Benefit Actual-to-Expected Adjustment Factors							
Duration	Issue Age Band						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.150	0.550	1.150	1.450	1.650	2.200	2.150
2	0.150	0.550	1.150	1.450	1.650	2.200	2.150
3	0.150	0.550	1.150	1.450	1.650	2.200	2.150
4	0.210	0.580	1.120	1.460	1.700	2.140	2.120
5	0.270	0.610	1.090	1.470	1.750	2.080	2.090
6	0.330	0.640	1.060	1.480	1.800	2.020	2.060
7	0.390	0.670	1.030	1.490	1.850	1.960	2.030
8	0.450	0.700	1.000	1.500	1.900	1.900	2.000
9	0.480	0.710	1.040	1.520	1.860	1.840	1.954
10	0.510	0.720	1.080	1.540	1.820	1.780	1.908
11	0.540	0.730	1.120	1.560	1.780	1.720	1.862
12	0.570	0.740	1.160	1.580	1.740	1.660	1.816
13	0.600	0.750	1.200	1.600	1.700	1.600	1.770
14	0.640	0.826	1.238	1.556	1.646	1.578	1.782
15	0.680	0.902	1.276	1.512	1.592	1.556	1.794
16	0.720	0.978	1.314	1.468	1.538	1.534	1.806
17	0.760	1.054	1.352	1.424	1.484	1.512	1.818
18	0.800	1.130	1.390	1.380	1.430	1.490	1.830
19	0.814	1.136	1.390	1.408	1.440	1.506	1.826
20	0.828	1.142	1.390	1.436	1.450	1.522	1.822
21	0.842	1.148	1.390	1.464	1.460	1.538	1.818
22	0.856	1.154	1.390	1.492	1.470	1.554	1.814
23	0.870	1.160	1.390	1.520	1.480	1.570	1.810
24	0.884	1.160	1.388	1.518	1.492	1.574	1.830
25	0.898	1.160	1.386	1.516	1.504	1.578	1.850
26	0.912	1.160	1.384	1.514	1.516	1.582	1.870
27	0.926	1.160	1.382	1.512	1.528	1.586	1.890
28	0.940	1.160	1.380	1.510	1.540	1.590	1.910
29	0.952	1.167	1.380	1.512	1.538	1.588	1.908
30	0.963	1.173	1.380	1.513	1.537	1.587	1.907
31	0.975	1.180	1.380	1.515	1.535	1.585	1.905
32	0.987	1.187	1.380	1.517	1.533	1.583	1.903
33	0.998	1.193	1.380	1.518	1.532	1.582	1.902
34	1.010	1.200	1.380	1.520	1.530	1.580	1.900
35	1.022	1.207	1.380	1.522	1.528	1.578	1.898
36	1.033	1.213	1.380	1.523	1.527	1.577	1.897
37	1.045	1.220	1.380	1.525	1.525	1.575	1.895
38	1.057	1.227	1.380	1.527	1.523	1.573	1.893
39	1.068	1.233	1.380	1.528	1.522	1.572	1.892
40+	1.080	1.240	1.380	1.530	1.520	1.570	1.890

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30225

Morbidity Assumptions								
Current Assumptions (continued):								
Non-Lifetime Benefit Actual-to-Expected Adjustment Factors								
Duration	Issue Age Band							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
2	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
3	0.100	0.300	0.550	0.650	0.750	1.450	1.700	2.050
4	0.120	0.310	0.580	0.680	0.800	1.440	1.680	1.992
5	0.140	0.320	0.610	0.710	0.850	1.430	1.660	1.934
6	0.160	0.330	0.640	0.740	0.900	1.420	1.640	1.876
7	0.180	0.340	0.670	0.770	0.950	1.410	1.620	1.818
8	0.200	0.350	0.700	0.800	1.000	1.400	1.600	1.760
9	0.250	0.360	0.702	0.840	1.032	1.380	1.570	1.772
10	0.300	0.370	0.704	0.880	1.064	1.360	1.540	1.784
11	0.350	0.380	0.706	0.920	1.096	1.340	1.510	1.796
12	0.400	0.390	0.708	0.960	1.128	1.320	1.480	1.808
13	0.450	0.400	0.710	1.000	1.160	1.300	1.450	1.820
14	0.460	0.462	0.764	1.042	1.164	1.302	1.448	1.844
15	0.470	0.524	0.818	1.084	1.168	1.304	1.446	1.868
16	0.480	0.586	0.872	1.126	1.172	1.306	1.444	1.892
17	0.490	0.648	0.926	1.168	1.176	1.308	1.442	1.916
18	0.500	0.710	0.980	1.210	1.180	1.310	1.440	1.940
19	0.542	0.728	1.020	1.214	1.196	1.316	1.450	1.962
20	0.584	0.746	1.060	1.218	1.212	1.322	1.460	1.984
21	0.626	0.764	1.100	1.222	1.228	1.328	1.470	2.006
22	0.668	0.782	1.140	1.226	1.244	1.334	1.480	2.028
23	0.710	0.800	1.180	1.230	1.260	1.340	1.490	2.050
24	0.752	0.824	1.180	1.230	1.272	1.356	1.490	2.050
25	0.794	0.848	1.180	1.230	1.284	1.372	1.490	2.050
26	0.836	0.872	1.180	1.230	1.296	1.388	1.490	2.050
27	0.878	0.896	1.180	1.230	1.308	1.404	1.490	2.050
28	0.920	0.920	1.180	1.230	1.320	1.420	1.490	2.050
29	0.928	0.928	1.180	1.230	1.321	1.421	1.489	2.050
30	0.937	0.937	1.180	1.230	1.322	1.422	1.488	2.050
31	0.945	0.945	1.180	1.230	1.323	1.423	1.488	2.050
32	0.953	0.953	1.180	1.230	1.323	1.423	1.487	2.050
33	0.962	0.962	1.180	1.230	1.324	1.424	1.486	2.050
34	0.970	0.970	1.180	1.230	1.325	1.425	1.485	2.050
35	0.978	0.978	1.180	1.230	1.326	1.426	1.484	2.050
36	0.987	0.987	1.180	1.230	1.327	1.427	1.483	2.050
37	0.995	0.995	1.180	1.230	1.328	1.428	1.483	2.050
38	1.003	1.003	1.180	1.230	1.328	1.428	1.482	2.050
39	1.012	1.012	1.180	1.230	1.329	1.429	1.481	2.050
40+	1.020	1.020	1.180	1.230	1.330	1.430	1.480	2.050
The following adverse selection factors are used:								
Year of Policyholder Notification		With Requested Increase						
1		3.30%						
2		2.30%						
3		1.30%						
4		0.30%						
5		0.00%						

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30225

Mortality Assumptions						
Original Pricing Assumptions:						
1983 Individual Annuity Mortality Basic Table						
Current Assumptions:						
1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience						
Mortality Actual-to-Expected Adjustment Factors						
Duration	Issue Age Band					
	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	66%	71%	78%	74%	88%
12	57%	66%	71%	78%	88%	89%
13	57%	66%	73%	83%	88%	94%
14	57%	67%	73%	88%	89%	94%
15	57%	67%	74%	88%	95%	94%
16	57%	67%	81%	88%	95%	100%
17	59%	69%	81%	91%	101%	101%
18	59%	69%	84%	95%	101%	101%
19	68%	73%	84%	96%	101%	101%
20	68%	75%	85%	96%	101%	105%
21	72%	78%	85%	100%	105%	105%
22	75%	80%	90%	105%	105%	110%
23	78%	85%	90%	105%	110%	110%
24	83%	87%	90%	105%	110%	110%
25	83%	90%	100%	105%	110%	110%
26	85%	90%	100%	105%	110%	110%
27	87%	90%	100%	105%	110%	110%
28	87%	95%	100%	105%	110%	110%
29	90%	95%	100%	105%	110%	110%
30	90%	100%	100%	105%	110%	110%
31	90%	100%	100%	105%	110%	110%
32	95%	100%	100%	105%	110%	110%
33	95%	100%	100%	105%	110%	110%
34	95%	100%	100%	105%	110%	110%
35+	100%	100%	100%	105%	110%	110%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30225

Lapse Assumptions							
Original Pricing Assumptions:							
	Duration	Rate					
	1	8%					
	2	7%					
	3	6%					
	4+	5%					
Current Assumptions:							
Lifetime Benefit				Non-Lifetime Benefit			
Duration	Issue Age Band			Duration	Issue Age Band		
	<63	63-72	73+		<63	63-72	73+
1	6.90%	6.80%	7.00%	1	6.90%	7.10%	5.30%
2	6.50%	4.50%	3.50%	2	6.00%	4.80%	4.60%
3	4.80%	3.50%	3.50%	3	4.20%	3.30%	3.10%
4	3.60%	2.60%	1.90%	4	3.10%	2.90%	2.90%
5	2.60%	1.90%	1.30%	5	2.30%	2.00%	2.20%
6	1.90%	1.60%	1.30%	6	1.70%	1.90%	2.10%
7	1.50%	1.10%	1.30%	7	1.50%	1.60%	2.30%
8	1.10%	1.10%	1.30%	8	1.20%	1.40%	2.40%
9	1.06%	1.08%	1.30%	9	1.10%	1.30%	2.50%
10	0.85%	1.15%	1.30%	10	1.00%	1.30%	3.30%
11	0.80%	1.00%	1.30%	11	1.00%	1.40%	3.60%
12	0.65%	0.85%	1.40%	12	0.90%	1.40%	3.80%
13	0.65%	0.87%	1.40%	13	0.80%	1.40%	3.80%
14	0.65%	0.87%	1.50%	14	0.80%	1.40%	4.80%
15	0.60%	0.95%	1.50%	15	0.80%	1.70%	4.80%
16	0.60%	1.05%	1.70%	16	0.80%	1.70%	5.20%
17	0.60%	1.05%	1.70%	17	1.00%	1.90%	5.20%
18	0.60%	1.20%	1.80%	18	1.10%	2.00%	6.00%
19	0.60%	1.20%	1.80%	19	1.10%	2.30%	6.00%
20	0.65%	1.20%	1.90%	20	1.10%	2.80%	6.00%
21	0.70%	1.20%	1.90%	21	1.10%	3.00%	6.00%
22	0.75%	1.20%	2.00%	22	1.10%	3.30%	6.00%
23	0.80%	1.20%	2.00%	23	1.10%	3.40%	6.00%
24	0.90%	1.25%	2.00%	24	1.20%	3.50%	6.00%
25	0.95%	1.25%	2.00%	25	1.40%	3.60%	6.00%
26	0.95%	1.25%	2.00%	26	1.50%	3.80%	6.00%
27	1.00%	1.25%	2.00%	27	1.60%	4.00%	6.00%
28	1.00%	1.25%	2.00%	28	2.10%	4.20%	6.00%
29	1.00%	1.25%	2.00%	29	2.40%	4.40%	6.00%
30	1.00%	1.30%	2.00%	30	2.60%	4.50%	6.00%
31	1.10%	1.30%	2.00%	31	2.90%	4.50%	6.00%
32	1.10%	1.30%	2.00%	32	3.10%	4.50%	6.00%
33	1.10%	1.30%	2.00%	33	3.20%	4.50%	6.00%
34	1.10%	1.30%	2.00%	34	3.30%	4.50%	6.00%
35	1.10%	1.35%	2.00%	35	3.40%	4.50%	6.00%
36	1.10%	1.35%	2.00%	36	3.50%	4.50%	6.00%
37	1.10%	1.35%	2.00%	37	3.50%	4.50%	6.00%
38	1.10%	1.35%	2.00%	38	3.50%	4.50%	6.00%
39	1.10%	1.35%	2.00%	39	3.50%	4.50%	6.00%
40+	1.10%	1.40%	2.00%	40+	3.50%	4.50%	6.00%
In the year of rate increase notification to policyholders, an additional 1.8% of inforce policyholders is assumed to lapse, and a 1.3% reduction in benefits due to election of reduced benefit options is also assumed.							

Interest Rate Assumptions	
Original Pricing Assumption:	5.00%
Current Assumption:	4.50%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Nursing Home Claim Experience
For Policy Anniversaries through 2015
Policy Form: 30225
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
Duration	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	1,863,075	3,447,777	54.0%	1,467,066	2,453,664	59.8%	3,330,141	5,901,441	56.4%
2	5,030,845	4,807,386	104.6%	2,511,818	3,305,379	76.0%	7,542,663	8,112,765	93.0%
3	7,194,261	6,483,011	111.0%	4,966,626	4,329,685	114.7%	12,160,887	10,812,696	112.5%
4	12,097,912	8,588,394	140.9%	5,992,132	5,557,285	107.8%	18,090,044	14,145,680	127.9%
5	14,410,142	11,178,446	128.9%	7,378,120	7,058,248	104.5%	21,788,261	18,236,693	119.5%
6	12,234,213	14,284,706	85.6%	10,444,661	8,852,278	118.0%	22,678,874	23,136,984	98.0%
7	18,474,849	18,014,735	102.6%	10,694,972	10,841,420	98.6%	29,169,821	28,856,155	101.1%
8	18,551,204	20,352,227	91.2%	10,454,471	11,856,236	88.2%	29,005,675	32,208,463	90.1%
9	24,955,069	22,641,348	110.2%	11,859,047	12,634,434	93.9%	36,814,116	35,275,781	104.4%
10	26,739,596	25,116,954	106.5%	13,284,739	13,348,783	99.5%	40,024,335	38,465,737	104.1%
11	25,527,976	27,859,447	91.6%	15,652,178	14,175,720	110.4%	41,180,154	42,035,167	98.0%
12	32,882,551	30,937,293	106.3%	15,638,286	15,114,641	103.5%	48,520,836	46,051,934	105.4%
13	31,591,365	34,378,941	91.9%	14,897,863	16,118,580	92.4%	46,489,229	50,497,521	92.1%
14	39,136,395	38,152,059	102.6%	14,494,470	17,450,821	83.1%	53,630,865	55,602,881	96.5%
15	42,957,859	42,221,593	101.7%	19,616,545	18,959,007	103.5%	62,574,404	61,180,601	102.3%
16	45,361,849	46,637,562	97.3%	20,783,709	20,569,295	101.0%	66,145,558	67,206,858	98.4%
17	46,634,890	51,138,955	91.2%	22,116,750	22,310,353	99.1%	68,751,639	73,449,308	93.6%
18	50,377,797	52,357,284	96.2%	20,234,759	22,442,132	90.2%	70,612,556	74,799,416	94.4%
19	43,975,351	46,133,632	95.3%	20,750,923	19,908,269	104.2%	64,726,273	66,041,901	98.0%
20	33,266,953	30,809,358	108.0%	16,593,739	13,314,095	124.6%	49,860,692	44,123,453	113.0%
21	17,220,499	18,370,413	93.7%	7,219,613	7,380,697	97.8%	24,440,112	25,751,111	94.9%
22	9,792,119	7,589,629	129.0%	3,293,061	2,887,246	114.1%	13,085,180	10,476,876	124.9%
23	0	6,830	0.0%	0	0	0.0%	0	6,830	0.0%
Total	560,276,768	561,507,983	99.8%	270,345,546	270,868,267	99.8%	830,622,314	832,376,250	99.8%

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	0	333,979	0.0%	0
43-47	1,961,846	1,834,023	107.0%	11
48-52	16,757,767	16,066,176	104.3%	132
53-57	66,665,556	64,276,027	103.7%	536
58-62	156,936,516	155,353,663	101.0%	1,561
63-67	214,393,763	212,017,552	101.1%	2,590
68-72	190,387,965	191,786,040	99.3%	2,743
73-77	126,952,506	131,811,752	96.3%	2,075
78-82	47,965,158	49,562,668	96.8%	951
83+	8,601,237	9,334,371	92.1%	212
Total	830,622,314	832,376,250	99.8%	10,811

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,152	2,173	99%	(21)
10	2,638	2,657	99%	(19)
11	3,205	3,200	100%	5
12	3,474	3,507	99%	(33)
13	3,652	3,681	99%	(29)
14	3,631	3,686	99%	(55)
15	3,549	3,637	98%	(88)
16	3,436	3,455	99%	(19)
17	3,149	3,157	100%	(8)
18	2,895	2,876	101%	19
19	2,619	2,637	99%	(18)
20	2,129	2,142	99%	(13)
21	1,773	1,784	99%	(11)
22	1,478	1,486	99%	(8)
23	1,139	1,130	101%	9
24	771	803	96%	(32)
25	471	466	101%	5
26	77	71	109%	6
Total	48,645	48,881	100%	(236)

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	27	31	88%	(4)
43-47	174	185	94%	(11)
48-52	1,212	1,258	96%	(46)
53-57	3,740	3,724	100%	16
58-62	8,573	8,612	100%	(39)
63-67	12,554	12,580	100%	(26)
68-72	11,825	11,875	100%	(50)
73-77	7,381	7,413	100%	(32)
78-82	2,793	2,826	99%	(33)
83+	366	377	97%	(11)
Total	48,645	48,881	100%	(236)

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
48,645	48,881	100%	(236)

EXHIBIT IV
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

LIFETIME BENEFIT PERIOD																
Duration	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,435	0.9%	0.9%	212	17,566	1.2%	1.2%	32	2,936	1.1%	1.3%	615	62,938	1.0%	1.0%
11	355	41,269	0.9%	0.8%	200	19,265	1.0%	1.0%	34	3,307	1.0%	1.3%	589	63,841	0.9%	0.9%
12	243	36,912	0.7%	0.7%	155	18,214	0.9%	0.9%	43	3,020	1.4%	1.4%	441	58,145	0.8%	0.8%
13	231	34,262	0.7%	0.7%	147	16,539	0.9%	0.9%	32	2,558	1.3%	1.4%	410	53,359	0.8%	0.8%
14	188	30,016	0.6%	0.7%	117	13,924	0.8%	0.9%	31	1,988	1.6%	1.5%	336	45,928	0.7%	0.8%
15	149	25,866	0.6%	0.6%	107	11,248	1.0%	1.0%	20	1,468	1.4%	1.5%	276	38,581	0.7%	0.7%
16	137	22,261	0.6%	0.6%	94	9,180	1.0%	1.1%	25	1,082	2.3%	1.7%	256	32,523	0.8%	0.8%
17	126	20,705	0.6%	0.6%	85	8,451	1.0%	1.1%	19	886	2.1%	1.7%	230	30,042	0.8%	0.8%
18	99	16,753	0.6%	0.6%	77	6,837	1.1%	1.2%	19	621	3.1%	1.8%	195	24,210	0.8%	0.8%
19	65	13,501	0.5%	0.6%	65	5,044	1.3%	1.2%	5	399	1.3%	1.8%	135	18,944	0.7%	0.8%
20	50	9,028	0.6%	0.7%	47	3,830	1.2%	1.2%	5	247	2.0%	1.9%	102	13,104	0.8%	0.8%
21	51	7,368	0.7%	0.7%	49	3,889	1.3%	1.2%	8	229	3.5%	1.9%	108	11,485	0.9%	0.9%
22	51	5,677	0.9%	0.8%	35	3,656	1.0%	1.2%	6	225	2.7%	2.0%	92	9,558	1.0%	1.0%
23	26	3,489	0.7%	0.8%	31	2,438	1.3%	1.2%	3	122	2.5%	2.0%	60	6,049	1.0%	1.0%
24	14	1,985	0.7%	0.9%	27	1,347	2.0%	1.3%	3	54	5.6%	2.0%	44	3,386	1.3%	1.1%
25	10	829	1.2%	1.0%	10	513	2.0%	1.3%	1	18	5.5%	2.0%	21	1,360	1.5%	1.1%
26	2	163	1.2%	1.0%	1	127	0.8%	1.3%	0	8	0.0%	2.0%	3	298	1.0%	1.1%
All Durations	12,215	681,297	1.8%	1.8%	3,623	250,185	1.4%	1.4%	599	36,317	1.6%	1.6%	16,437	967,799	1.7%	1.7%
Durations 8 and later	3,216	410,886	0.8%	0.8%	1,841	176,862	1.0%	1.0%	355	24,930	1.4%	1.4%	5,412	612,678	0.9%	0.9%

NON-LIFETIME BENEFIT PERIOD																
Duration	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Actual Lapses	Exposure	Rate	Expected Lapses	Actual Lapses	Exposure	Rate	Expected Lapses	Actual Lapses	Exposure	Rate	Expected Lapses	Actual Lapses	Exposure	Rate	Expected Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.4%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.1%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.5%	834	64,129	1.3%	1.3%
10	278	30,581	0.9%	1.0%	225	20,119	1.1%	1.3%	188	5,892	3.2%	3.3%	691	56,592	1.2%	1.3%
11	254	27,953	0.9%	1.0%	296	20,158	1.5%	1.4%	206	5,793	3.6%	3.6%	756	53,904	1.4%	1.4%
12	260	26,872	1.0%	0.9%	260	19,069	1.4%	1.4%	199	5,107	3.9%	3.8%	719	51,048	1.4%	1.4%
13	212	27,362	0.8%	0.8%	259	18,010	1.4%	1.4%	169	4,394	3.8%	3.8%	640	49,766	1.3%	1.3%
14	173	21,697	0.8%	0.8%	198	15,077	1.3%	1.4%	173	3,409	5.1%	4.8%	544	40,183	1.4%	1.4%
15	123	17,140	0.7%	0.8%	202	12,255	1.6%	1.7%	103	2,437	4.2%	4.8%	428	31,832	1.3%	1.5%
16	97	13,509	0.7%	0.8%	164	9,586	1.7%	1.7%	96	1,732	5.5%	5.2%	357	24,827	1.4%	1.5%
17	94	9,882	1.0%	1.0%	146	7,742	1.9%	1.9%	62	1,322	4.7%	5.2%	302	18,946	1.6%	1.7%
18	83	7,108	1.2%	1.1%	106	5,893	1.8%	2.0%	57	921	6.2%	6.0%	246	13,922	1.8%	1.8%
19	51	6,105	0.8%	1.1%	110	4,730	2.3%	2.3%	41	616	6.7%	6.0%	202	11,451	1.8%	1.9%
20	43	4,506	1.0%	1.1%	98	3,598	2.7%	2.8%	24	422	5.7%	6.0%	165	8,527	1.9%	2.1%
21	42	3,412	1.2%	1.1%	90	3,099	2.9%	3.0%	24	308	7.8%	6.0%	156	6,820	2.3%	2.2%
22	24	2,477	1.0%	1.1%	84	2,544	3.3%	3.3%	29	225	12.9%	6.0%	137	5,245	2.6%	2.4%
23	11	1,484	0.7%	1.1%	61	1,652	3.7%	3.4%	11	110	10.0%	6.0%	83	3,246	2.6%	2.4%
24	14	817	1.7%	1.2%	26	875	3.0%	3.5%	6	44	13.8%	6.0%	46	1,735	2.7%	2.5%
25	7	272	2.6%	1.4%	13	322	4.0%	3.6%	0	13	0.0%	6.0%	20	607	3.3%	2.7%
26	2	75	2.7%	1.5%	8	61	13.1%	3.8%	1	3	36.4%	6.0%	11	138	8.0%	2.6%
All Durations	11,670	534,655	2.2%	2.2%	6,444	308,390	2.1%	2.1%	2,630	78,551	3.3%	3.3%	20,744	921,597	2.3%	2.3%
Durations 8 and later	2,585	274,233	0.9%	1.0%	2,954	188,495	1.6%	1.6%	1,695	45,678	3.7%	3.7%	7,234	508,405	1.4%	1.4%

EXHIBIT V
RiverSource Life Insurance Company
Lapses and Benefit Reductions¹
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase													
Increase Percent	Average Increase	Year of Increase											Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
< 10%	6.6%			0.9%	1.5%	1.4%	0.7%	1.2%	1.0%	0.7%	1.1%	0.5%	1.1%
10% - 19.9%	14.1%	0.7%	2.1%	1.4%	1.7%	1.9%	1.4%	1.3%	1.2%	1.1%	1.0%	1.1%	1.4%
20% - 29.9%	22.4%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%	2.0%	0.7%	1.8%
30%+	33.2%	2.9%	2.7%	2.4%	2.8%	2.3%	1.4%	1.6%				1.7%	2.6%
Total	17.4%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.2%	1.2%	1.1%	1.7%

Overall Reduction in Benefits in Relation to Rate Increase Percentage													
Increase Percent	Average Increase	Year of Increase											Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
< 10%	6.6%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%	0.2%	0.2%
10% - 19.9%	14.1%	0.9%	0.8%	0.6%	0.6%	0.7%	0.5%	0.7%	0.7%	0.8%	0.6%	0.8%	0.7%
20% - 29.9%	22.4%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	1.2%	1.4%
30%+	33.2%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.4%				2.2%	2.7%
Total	17.4%	1.5%	1.4%	0.8%	0.8%	0.8%	0.7%	0.9%	0.9%	0.9%	0.8%	0.5%	0.9%

¹ The total percent reduction in benefit is typically no more than the percentage increase in premium.

EXHIBIT VI
RiverSource Life Insurance Company
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Ending Policies Inforce	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest			Premium Rate Increase Factor	Morbidity Factor	Persistence Factors		Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
			Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Persistence		
Historical Experience	1992	8	145	0	0.0%	426	0	0.0%			0.0000	1.000	4.50%	2.9400
	1993	8,609	2,687,206	147,465	5.5%	7,560,208	414,880	5.5%			0.0101	0.990	4.50%	2.8134
	1994	22,300	12,917,807	1,546,420	12.0%	34,778,059	4,163,360	12.0%			0.0296	0.970	4.50%	2.6923
	1995	39,388	26,752,634	3,549,685	13.3%	68,923,415	9,145,133	13.3%			0.0339	0.966	4.50%	2.5763
	1996	61,189	42,760,471	6,593,399	15.4%	105,420,832	16,255,237	15.4%			0.0312	0.969	4.50%	2.4654
	1997	74,032	58,785,957	7,435,883	12.6%	138,688,757	17,542,852	12.6%			0.0315	0.969	4.50%	2.3592
	1998	77,314	67,700,592	13,325,455	19.7%	152,842,397	30,083,850	19.7%			0.0538	0.946	4.50%	2.2576
	1999	74,116	66,596,266	18,851,125	28.3%	143,874,876	40,726,055	28.3%			0.0549	0.945	4.50%	2.1604
	2000	71,332	63,717,330	18,760,774	29.4%	131,727,473	38,785,513	29.4%			0.0379	0.962	4.50%	2.0674
	2001	69,192	61,144,604	23,827,455	39.0%	120,965,254	47,138,978	39.0%			0.0302	0.970	4.50%	1.9783
	2002	67,285	58,988,534	32,537,752	55.2%	111,674,449	61,599,014	55.2%			0.0276	0.972	4.50%	1.8932
	2003	65,504	56,857,624	35,702,629	62.8%	103,005,077	64,680,016	62.8%			0.0265	0.974	4.50%	1.8116
	2004	63,859	55,061,694	32,575,092	59.2%	95,455,993	56,472,795	59.2%			0.0251	0.975	4.50%	1.7336
	2005	61,373	54,263,725	30,052,160	55.4%	90,021,645	49,855,495	55.4%			0.0389	0.961	4.50%	1.6590
	2006	59,453	62,862,157	41,867,128	66.6%	99,795,356	66,465,186	66.6%			0.0313	0.969	4.50%	1.5875
	2007	57,750	60,478,189	46,277,024	76.5%	91,876,308	70,302,405	76.5%			0.0286	0.971	4.50%	1.5192
	2008	55,637	58,907,481	48,429,496	82.2%	85,636,502	70,404,176	82.2%			0.0366	0.963	4.50%	1.4537
	2009	53,387	62,099,162	54,508,488	87.8%	86,388,895	75,829,172	87.8%			0.0404	0.960	4.50%	1.3911
	2010	51,454	63,921,326	52,031,041	81.4%	85,094,534	69,265,727	81.4%			0.0362	0.964	4.50%	1.3312
	2011	49,491	62,702,909	71,972,778	114.8%	79,878,020	91,687,022	114.8%			0.0382	0.962	4.50%	1.2739
	2012	47,514	63,675,298	69,564,917	109.2%	77,623,691	84,803,461	109.2%			0.0399	0.960	4.50%	1.2191
Projected Future Experience	2013	45,597	61,199,054	74,112,362	121.1%	71,392,358	86,456,504	121.1%	1.0000	1.1693	0.0403	0.960	4.50%	1.1666
	2014	43,681	64,130,630	83,268,972	129.8%	71,590,637	92,955,251	129.8%	1.0000	1.1394	0.0420	0.958	4.50%	1.1163
	2015	41,710	61,415,963	93,186,283	151.7%	65,607,834	99,546,599	151.7%	1.0000	1.1325	0.0451	0.955	4.50%	1.0683
	2016	39,831	62,682,889	100,316,826	160.0%	64,077,735	102,549,118	160.0%	1.0000	1.1319	0.0450	0.955	4.50%	1.0223
	2017	37,417	62,137,713	110,187,675	177.3%	60,785,098	107,789,107	177.3%	1.0000	1.1294	0.0606	0.939	4.50%	0.9782
	2018	35,240	57,646,018	117,208,259	203.3%	53,962,850	109,719,490	203.3%	1.0000	1.1294	0.0582	0.942	4.50%	0.9361
	2019	33,045	53,233,939	124,555,257	234.0%	47,686,767	111,576,141	234.0%	1.0000	1.1333	0.0623	0.938	4.50%	0.8958
	2020	30,839	48,933,451	131,924,001	269.6%	41,946,799	113,088,071	269.6%	1.0000	1.1349	0.0667	0.933	4.50%	0.8572
	2021	28,634	44,760,416	138,833,958	310.2%	36,717,306	113,886,540	310.2%	1.0000	1.1334	0.0715	0.928	4.50%	0.8203
	2022	26,447	40,734,935	145,216,625	356.5%	31,976,242	113,992,622	356.5%	1.0000	1.1325	0.0764	0.924	4.50%	0.7850
	2023	24,290	36,877,362	150,970,199	409.4%	27,701,543	113,405,819	409.4%	1.0000	1.1319	0.0816	0.918	4.50%	0.7512
	2024	22,175	33,200,907	155,939,191	469.7%	23,865,897	112,094,189	469.7%	1.0000	1.1314	0.0871	0.913	4.50%	0.7188
	2025	20,118	29,716,966	159,768,199	537.6%	20,441,653	109,901,057	537.6%	1.0000	1.1293	0.0928	0.907	4.50%	0.6879
	2026	18,136	26,439,992	162,395,743	614.2%	17,404,300	106,898,074	614.2%	1.0000	1.1275	0.0985	0.901	4.50%	0.6583
	2027	16,242	23,382,374	163,892,731	700.9%	14,728,806	103,237,776	700.9%	1.0000	1.1269	0.1044	0.896	4.50%	0.6299
	2028	14,444	20,548,036	164,051,854	798.4%	12,386,054	98,888,048	798.4%	1.0000	1.1256	0.1107	0.889	4.50%	0.6028
	2029	12,753	17,938,989	162,781,870	907.4%	10,347,712	93,897,148	907.4%	1.0000	1.1238	0.1171	0.883	4.50%	0.5768
	2030	11,178	15,557,260	160,177,773	1029.6%	8,587,430	88,416,299	1029.6%	1.0000	1.1226	0.1235	0.877	4.50%	0.5520
	2031	9,722	13,397,987	156,286,659	1166.5%	7,077,068	82,553,539	1166.5%	1.0000	1.1219	0.1303	0.870	4.50%	0.5282
	2032	8,388	11,453,657	151,076,960	1319.0%	5,789,508	76,365,242	1319.0%	1.0000	1.1204	0.1372	0.863	4.50%	0.5055
	2033	7,182	9,720,036	144,581,235	1487.5%	4,701,637	69,934,768	1487.5%	1.0000	1.1178	0.1438	0.856	4.50%	0.4837
	2034	6,102	8,190,131	136,817,180	1670.5%	3,791,017	63,329,426	1670.5%	1.0000	1.1138	0.1504	0.850	4.50%	0.4629
	2035	5,143	6,851,190	127,915,366	1867.1%	3,034,692	56,659,318	1867.1%	1.0000	1.1092	0.1571	0.843	4.50%	0.4429
	2036	4,300	5,688,471	118,014,713	2074.6%	2,411,170	50,022,857	2074.6%	1.0000	1.1036	0.1640	0.836	4.50%	0.4239
	2037	3,564	4,686,850	107,295,548	2289.3%	1,901,066	43,520,888	2289.3%	1.0000	1.0967	0.1710	0.829	4.50%	0.4056
	2038	2,929	3,831,157	96,187,283	2510.7%	1,487,064	37,335,108	2510.7%	1.0000	1.0908	0.1781	0.822	4.50%	0.3882
	2039	2,386	3,106,388	85,144,631	2741.0%	1,153,823	31,625,743	2741.0%	1.0000	1.0866	0.1854	0.815	4.50%	0.3714
	2040	1,927	2,497,910	74,494,978	2982.3%	887,859	26,478,548	2982.3%	1.0000	1.0838	0.1927	0.807	4.50%	0.3554
	2041	1,541	1,991,657	64,466,195	3236.8%	677,431	21,927,187	3236.8%	1.0000	1.0819	0.2001	0.800	4.50%	0.3401
	2042	1,221	1,574,302	55,239,845	3508.8%	512,416	17,979,891	3508.8%	1.0000	1.0814	0.2076	0.792	4.50%	0.3255
	2043	958	1,233,419	46,905,413	3802.9%	384,175	14,609,699	3802.9%	1.0000	1.0819	0.2152	0.785	4.50%	0.3115
	2044	745	957,606	39,462,073	4120.9%	285,423	11,762,020	4120.9%	1.0000	1.0826	0.2229	0.777	4.50%	0.2981
	2045	573	736,561	32,872,212	4462.9%	210,085	9,375,936	4462.9%	1.0000	1.0829	0.2307	0.769	4.50%	0.2852
	2046	436	561,117	27,084,653	4826.9%	153,152	7,392,524	4826.9%	1.0000	1.0823	0.2387	0.761	4.50%	0.2729
	2047	328	423,229	22,039,951	5207.6%	110,542	5,756,570	5207.6%	1.0000	1.0805	0.2469	0.753	4.50%	0.2612
	2048	245	315,947	17,688,013	5598.4%	78,968	4,420,953	5598.4%	1.0000	1.0777	0.2553	0.745	4.50%	0.2499
	2049	180	233,339	13,986,657	5994.1%	55,809	3,345,295	5994.1%	1.0000	1.0742	0.2639	0.736	4.50%	0.2392
	2050	131	170,413	10,893,134	6392.2%	39,004	2,493,200	6392.2%	1.0000	1.0708	0.2727	0.727	4.50%	0.2289
	2051	94	123,012	8,354,009	6791.2%	26,942	1,829,713	6791.2%	1.0000	1.0676	0.2817	0.718	4.50%	0.2190
	2052	67	87,720	6,319,406	7204.1%	18,385	1,324,488	7204.1%	1.0000	1.0668	0.2909	0.709	4.50%	0.2096
	2053	47	61,757	4,716,114	7636.6%	12,386	945,888	7636.6%	1.0000	1.0669	0.3005	0.700	4.50%	0.2006
	2054	32	42,893	3,470,573	8091.2%	8,232	666,101	8091.2%	1.0000	1.0673	0.3105	0.690	4.50%	0.1919
	2055	22	29,363	2,516,072	8569.0%	5,393	462,110	8569.0%	1.0000	1.0678	0.3211	0.679	4.50%	0.1837
	2056	15	19,786	1,794,694	9070.7%	3,477	315,426	9070.7%	1.0000	1.0686	0.3325	0.668	4.50%	0.1758
	Past		1,312,309,648	960,440,609	73.2%	2,183,900,730	1,347,127,800	61.7%						
	Future		589,094,253	3,603,526,902	611.7%	443,355,182	2,139,222,819	482.5%						
	Lifetime		1,901,403,901	4,563,967,511	240.0%	2,627,255,912	3,486,350,619	132.7%						

EXHIBIT VI
RiverSource Life Insurance Company
Nationwide Experience With 25.7% Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Ending Policies Inforce	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest			Premium Rate Increase Factor	Morbidity Factor	Persistence Factors		Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
			Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Persistence		
Historical Experience	1992	8	145	0	0.0%	426	0	0.0%			0.0000	1.000	4.50%	2.9400
	1993	8,609	2,687,206	147,465	5.5%	7,560,208	414,880	5.5%			0.0101	0.990	4.50%	2.8134
	1994	22,300	12,917,807	1,546,420	12.0%	34,778,059	4,163,360	12.0%			0.0296	0.970	4.50%	2.6923
	1995	39,388	26,752,634	3,549,685	13.3%	68,923,415	9,145,133	13.3%			0.0339	0.966	4.50%	2.5763
	1996	61,189	42,760,471	6,593,399	15.4%	105,420,832	16,255,237	15.4%			0.0312	0.969	4.50%	2.4654
	1997	74,032	58,785,957	7,435,883	12.6%	138,688,757	17,542,852	12.6%			0.0315	0.969	4.50%	2.3592
	1998	77,314	67,700,592	13,325,455	19.7%	152,842,397	30,083,850	19.7%			0.0538	0.946	4.50%	2.2576
	1999	74,116	66,596,266	18,851,125	28.3%	143,874,876	40,726,055	28.3%			0.0549	0.945	4.50%	2.1604
	2000	71,332	63,717,330	18,760,774	29.4%	131,727,473	38,785,513	29.4%			0.0379	0.962	4.50%	2.0674
	2001	69,192	61,144,604	23,827,455	39.0%	120,965,254	47,138,978	39.0%			0.0302	0.970	4.50%	1.9783
	2002	67,285	58,988,534	32,537,752	55.2%	111,674,449	61,599,014	55.2%			0.0276	0.972	4.50%	1.8932
	2003	65,504	56,857,624	35,702,629	62.8%	103,005,077	64,680,016	62.8%			0.0265	0.974	4.50%	1.8116
	2004	63,859	55,061,694	32,575,092	59.2%	95,455,993	56,472,795	59.2%			0.0251	0.975	4.50%	1.7336
	2005	61,373	54,263,725	30,052,160	55.4%	90,021,645	49,855,495	55.4%			0.0389	0.961	4.50%	1.6590
	2006	59,453	62,862,157	41,867,128	66.6%	99,795,356	66,465,186	66.6%			0.0313	0.969	4.50%	1.5875
	2007	57,750	60,478,189	46,277,024	76.5%	91,876,308	70,302,405	76.5%			0.0286	0.971	4.50%	1.5192
	2008	55,637	58,907,481	48,429,496	82.2%	85,636,502	70,404,176	82.2%			0.0366	0.963	4.50%	1.4537
	2009	53,387	62,099,162	54,508,488	87.8%	86,388,895	75,829,172	87.8%			0.0404	0.960	4.50%	1.3911
	2010	51,454	63,921,326	52,031,041	81.4%	85,094,534	69,265,727	81.4%			0.0362	0.964	4.50%	1.3312
	2011	49,491	62,702,909	71,972,778	114.8%	79,878,020	91,687,022	114.8%			0.0382	0.962	4.50%	1.2739
	2012	47,514	63,675,298	69,564,917	109.2%	77,623,691	84,803,461	109.2%			0.0399	0.960	4.50%	1.2191
Projected Future Experience	2013	45,597	61,199,054	74,112,362	121.1%	71,392,358	86,456,504	121.1%			0.0403	0.960	4.50%	1.1666
	2014	43,681	64,130,630	83,268,972	129.8%	71,590,637	92,955,251	129.8%			0.0420	0.958	4.50%	1.1163
	2015	41,710	61,415,963	93,186,283	151.7%	65,607,834	99,546,599	151.7%			0.0451	0.955	4.50%	1.0683
	2016	39,831	62,682,889	100,316,826	160.0%	64,077,735	102,549,118	160.0%			0.0450	0.955	4.50%	1.0223
	2017	37,094	63,129,911	110,051,413	174.3%	61,755,698	107,655,812	174.3%	1.0343	1.1780	0.0687	0.931	4.50%	0.9782
	2018	34,602	67,984,054	117,618,930	173.0%	63,640,359	110,103,922	173.0%	1.2006	1.1457	0.0672	0.933	4.50%	0.9361
	2019	32,447	64,921,281	124,353,634	191.5%	58,156,245	111,395,528	191.5%	1.0123	1.1275	0.0623	0.938	4.50%	0.8958
	2020	30,281	59,676,843	130,350,327	218.4%	51,156,264	111,739,084	218.4%	1.0000	1.1232	0.0667	0.933	4.50%	0.8572
	2021	28,116	54,587,804	135,795,855	248.8%	44,778,786	111,394,361	248.8%	1.0000	1.1220	0.0715	0.929	4.50%	0.8203
	2022	25,968	49,678,677	141,339,315	284.5%	38,996,931	110,948,998	284.5%	1.0000	1.1269	0.0764	0.924	4.50%	0.7850
	2023	23,850	44,974,286	146,771,663	326.3%	33,783,791	110,251,962	326.3%	1.0000	1.1307	0.0816	0.918	4.50%	0.7512
	2024	21,774	40,490,741	151,537,977	374.3%	29,106,068	108,930,453	374.3%	1.0000	1.1309	0.0871	0.913	4.50%	0.7188
	2025	19,754	36,241,944	155,198,482	428.2%	24,930,042	106,757,649	428.2%	1.0000	1.1289	0.0928	0.907	4.50%	0.6879
	2026	17,808	32,245,523	157,694,729	489.0%	21,225,829	103,803,600	489.0%	1.0000	1.1271	0.0985	0.901	4.50%	0.6583
	2027	15,948	28,516,596	159,096,336	557.9%	17,962,907	100,216,476	557.9%	1.0000	1.1265	0.1044	0.896	4.50%	0.6299
	2028	14,183	25,059,954	159,203,161	635.3%	15,105,772	95,965,327	635.3%	1.0000	1.1252	0.1107	0.889	4.50%	0.6028
	2029	12,523	21,878,055	157,927,495	721.9%	12,619,876	91,097,008	721.9%	1.0000	1.1235	0.1171	0.883	4.50%	0.5768
	2030	10,976	18,973,373	155,362,210	818.8%	10,473,085	85,758,163	818.8%	1.0000	1.1223	0.1235	0.877	4.50%	0.5520
	2031	9,546	16,339,981	151,553,515	927.5%	8,631,084	80,053,404	927.5%	1.0000	1.1216	0.1303	0.870	4.50%	0.5282
	2032	8,236	13,968,721	146,471,205	1048.6%	7,060,804	74,037,160	1048.6%	1.0000	1.1202	0.1372	0.863	4.50%	0.5055
	2033	7,052	11,854,429	140,147,212	1182.2%	5,734,055	67,790,006	1182.2%	1.0000	1.1175	0.1438	0.856	4.50%	0.4837
	2034	5,991	9,988,582	132,598,859	1327.5%	4,623,477	61,376,865	1327.5%	1.0000	1.1136	0.1504	0.850	4.50%	0.4629
	2035	5,050	8,355,629	123,952,650	1483.5%	3,701,074	54,904,058	1483.5%	1.0000	1.1090	0.1571	0.843	4.50%	0.4429
	2036	4,222	6,937,592	114,343,053	1648.2%	2,940,635	48,466,551	1648.2%	1.0000	1.1034	0.1640	0.836	4.50%	0.4239
	2037	3,500	5,716,028	103,944,569	1818.5%	2,318,517	42,161,674	1818.5%	1.0000	1.0966	0.1710	0.829	4.50%	0.4056
	2038	2,877	4,672,435	93,172,828	1994.1%	1,813,606	36,165,047	1994.1%	1.0000	1.0907	0.1781	0.822	4.50%	0.3882
	2039	2,343	3,788,515	82,467,841	2176.8%	1,407,189	30,631,488	2176.8%	1.0000	1.0865	0.1854	0.815	4.50%	0.3714
	2040	1,892	3,046,421	72,146,258	2368.2%	1,082,822	25,643,717	2368.2%	1.0000	1.0837	0.1927	0.807	4.50%	0.3554
	2041	1,513	2,429,001	62,428,306	2570.1%	826,187	21,234,030	2570.1%	1.0000	1.0818	0.2001	0.800	4.50%	0.3401
	2042	1,199	1,920,000	53,489,373	2785.9%	624,936	17,410,134	2785.9%	1.0000	1.0813	0.2076	0.792	4.50%	0.3255
	2043	941	1,504,263	45,415,713	3019.1%	468,535	14,145,700	3019.1%	1.0000	1.0819	0.2152	0.785	4.50%	0.3115
	2044	731	1,167,884	38,206,177	3271.4%	348,098	11,387,689	3271.4%	1.0000	1.0825	0.2229	0.777	4.50%	0.2981
	2045	563	898,301	31,824,050	3542.7%	256,217	9,076,976	3542.7%	1.0000	1.0828	0.2307	0.769	4.50%	0.2852
	2046	428	684,331	26,219,522	3831.4%	186,782	7,156,393	3831.4%	1.0000	1.0823	0.2387	0.761	4.50%	0.2729
	2047	323	516,165	21,334,827	4133.3%	134,816	5,572,400	4133.3%	1.0000	1.0805	0.2469	0.753	4.50%	0.2612
	2048	240	385,325	17,121,288	4443.3%	96,308	4,279,305	4443.3%	1.0000	1.0776	0.2553	0.745	4.50%	0.2499
	2049	177	284,577	13,537,917	4757.2%	68,065	3,237,967	4757.2%	1.0000	1.0741	0.2639	0.736	4.50%	0.2392
	2050	129	207,833	10,543,210	5072.9%	47,568	2,413,110	5072.9%	1.0000	1.0707	0.2727	0.727	4.50%	0.2289
	2051	92	150,024	8,085,340	5389.4%	32,859	1,770,868	5389.4%	1.0000	1.0676	0.2817	0.718	4.50%	0.2190
	2052	66	106,982	6,115,954	5716.8%	22,422	1,281,846	5716.8%	1.0000	1.0668	0.2909	0.709	4.50%	0.2096
	2053	46	75,318	4,564,128	6059.8%	15,106	915,405	6059.8%	1.0000	1.0668	0.3005	0.700	4.50%	0.2006
	2054	32	52,312	3,358,623	6420.4%	10,040	644,615	6420.4%	1.0000	1.0672	0.3105	0.690	4.50%	0.1919
	2055	21	35,810	2,434,841	6799.3%	6,577	447,191	6799.3%	1.0000	1.0678	0.3211	0.679	4.50%	0.1837
	2056	14	24,130	1,736,706	7197.2%	4,241	305,234	7197.2%	1.0000	1.0685	0.3325	0.668	4.50%	0.1758
	Past		1,312,309,648	960,440,609	73.2%	2,183,900,730	1,347,127,800	61.7%						
	Future		703,469,630	3,509,515,490	498.9%	526,153,676	2,088,527,176	396.9%						
	Lifetime		2,015,779,278	4,469,956,099	221.7%	2,710,054,406	3,435,654,976	126.8%						

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.80	53.10	134.30	99.96	168.64	124.92
41	71.80	53.10	134.30	99.96	168.64	124.92
42	71.80	53.10	134.30	99.96	168.64	124.92
43	71.80	53.10	134.30	99.96	168.64	124.92
44	71.80	53.10	134.30	99.96	168.64	124.92
45	71.80	53.10	134.30	99.96	168.64	124.92
46	78.08	59.32	140.54	106.16	178.02	134.30
47	78.08	59.32	143.66	106.16	181.10	134.30
48	81.16	59.32	146.74	109.32	184.26	137.40
49	81.16	62.46	146.74	112.42	187.40	140.54
50	84.32	62.46	149.90	112.42	190.46	143.66
51	87.44	65.58	156.10	118.68	196.74	149.90
52	93.68	68.72	162.40	121.74	206.08	156.10
53	96.78	71.80	168.64	128.02	215.44	162.40
54	103.04	78.08	178.02	134.30	227.98	171.72
55	115.52	87.44	196.74	149.90	252.94	190.46
56	124.92	96.78	215.44	165.50	274.78	215.44
57	137.40	106.16	234.18	181.10	299.78	231.10
58	153.04	118.68	259.16	196.74	327.92	252.94
59	171.72	128.02	284.18	215.44	362.22	274.78
60	190.46	149.90	312.28	246.70	396.58	312.28
61	212.36	171.72	352.86	287.30	443.42	359.12
62	234.18	184.26	384.08	306.00	487.16	384.08
63	268.54	218.60	440.28	355.94	555.84	449.66
64	302.94	237.34	493.40	387.26	621.40	490.24
65	337.28	274.78	540.18	440.28	680.70	555.84
66	368.48	293.58	580.82	465.26	733.84	587.06
67	409.06	324.78	640.14	509.02	802.54	637.04
68	449.66	368.48	696.34	568.34	871.22	708.86
69	505.86	399.70	774.44	615.18	964.90	765.08
70	558.94	443.42	849.34	674.48	999.98	836.90
71	612.06	484.04	918.04	727.58	999.98	896.18
72	671.34	533.96	999.98	799.38	999.98	968.04
73	746.28	599.56	999.98	880.60	999.98	999.98
74	821.24	662.06	999.98	964.90	999.98	999.98
75	911.84	724.48	999.98	999.98	999.98	999.98
76	999.98	805.64	999.98	999.98	999.98	999.98
77	999.98	908.68	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	56.22	40.58	99.96	71.80	124.92	90.58
41	56.22	40.58	99.96	71.80	124.92	90.58
42	56.22	40.58	99.96	71.80	124.92	90.58
43	56.22	40.58	99.96	71.80	124.92	90.58
44	56.22	40.58	99.96	71.80	124.92	90.58
45	56.22	40.58	99.96	71.80	124.92	90.58
46	59.32	43.74	103.04	74.92	131.14	93.68
47	62.46	43.74	106.16	74.92	134.30	96.78
48	62.46	43.74	106.16	78.08	134.30	96.78
49	62.46	46.86	109.32	81.16	137.40	99.96
50	65.58	46.86	112.42	81.16	140.54	99.96
51	68.72	49.94	115.52	87.44	153.04	109.32
52	71.80	49.94	118.68	87.44	156.10	112.42
53	74.92	53.10	124.92	90.58	159.26	115.52
54	81.16	56.22	131.14	93.68	168.64	121.74
55	87.44	62.46	143.66	103.04	187.40	134.30
56	96.78	71.80	159.26	115.52	202.98	149.90
57	106.16	78.08	171.72	128.02	218.60	162.40
58	118.68	87.44	190.46	137.40	240.46	174.86
59	131.14	93.68	209.24	149.90	265.42	190.46
60	146.74	109.32	231.10	174.86	290.40	218.60
61	162.40	128.02	259.16	199.84	324.78	252.94
62	181.10	137.40	281.04	215.44	355.94	268.54
63	206.08	159.26	321.60	249.82	405.96	315.36
64	231.10	174.86	359.12	271.68	455.88	343.50
65	259.16	202.98	396.58	309.16	499.60	390.34
66	281.04	215.44	424.68	327.92	537.12	412.22
67	315.36	240.46	468.44	355.94	590.18	446.52
68	346.56	268.54	512.14	396.58	640.14	496.48
69	387.26	293.58	565.20	430.92	705.68	537.12
70	427.82	324.78	621.40	471.50	771.26	587.06
71	468.44	355.94	671.34	509.02	827.54	627.62
72	518.38	393.44	733.84	558.94	889.94	677.64
73	574.54	440.28	802.54	618.28	961.76	740.10
74	630.78	487.16	877.48	677.64	999.98	799.38
75	702.62	533.96	971.10	736.94	999.98	852.52
76	783.80	593.30	999.98	805.64	999.98	924.32
77	874.32	668.28	999.98	902.46	999.98	999.98
78	968.04	736.94	999.98	980.52	999.98	999.98
79	999.98	811.90	999.98	999.98	999.98	999.98
80		883.70		999.98		999.98
81		958.68		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.94	37.52	87.44	65.58	109.32	81.16
41	49.94	37.52	87.44	65.58	109.32	81.16
42	49.94	37.52	87.44	65.58	109.32	81.16
43	49.94	37.52	87.44	65.58	109.32	81.16
44	49.94	37.52	87.44	65.58	109.32	81.16
45	49.94	37.52	87.44	65.58	109.32	81.16
46	53.10	40.58	90.58	68.72	115.52	87.44
47	53.10	40.58	93.68	71.80	118.68	90.58
48	56.22	40.58	96.78	71.80	121.74	90.58
49	56.22	43.74	96.78	74.92	121.74	93.68
50	59.32	43.74	99.96	74.92	124.92	93.68
51	62.46	46.86	103.04	78.08	131.14	103.04
52	62.46	46.86	106.16	81.16	134.30	106.16
53	68.72	49.94	112.42	84.32	143.66	112.42
54	71.80	53.10	118.68	90.58	149.90	115.52
55	78.08	59.32	128.02	96.78	165.50	124.92
56	87.44	65.58	140.54	109.32	181.10	137.40
57	96.78	74.92	153.04	118.68	196.74	153.04
58	106.16	81.16	171.72	131.14	218.60	165.50
59	118.68	90.58	187.40	143.66	240.46	181.10
60	131.14	103.04	206.08	162.40	262.34	206.08
61	146.74	118.68	231.10	187.40	290.40	234.18
62	162.40	128.02	252.94	199.84	321.60	252.94
63	187.40	149.90	293.58	237.34	368.48	296.64
64	209.24	165.50	324.78	256.06	409.06	321.60
65	231.10	190.46	355.94	290.40	446.52	365.36
66	252.94	202.98	381.00	306.00	477.80	384.08
67	284.18	224.82	421.56	334.14	530.82	421.56
68	315.36	256.06	462.16	374.72	577.70	471.50
69	349.74	277.94	509.02	405.96	633.90	505.86
70	384.08	306.00	558.94	443.42	693.26	549.58
71	418.42	330.98	599.56	474.66	736.94	583.94
72	465.26	371.56	662.06	527.76	802.54	637.04
73	518.38	418.42	727.58	583.94	874.32	702.62
74	568.34	455.88	790.02	637.04	930.54	749.46
75	630.78	499.60	871.22	690.10	999.98	802.54
76	699.46	552.74	949.30	752.56	999.98	861.88
77	786.92	630.78	999.98	849.34	999.98	958.68
78	877.48	699.46	999.98	930.54	999.98	999.98
79	946.16	761.92	999.98	999.98	999.98	999.98
80		818.16		999.98		999.98
81		883.70		999.98		999.98
82		949.30		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

EXHIBIT VII

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.74	31.22	74.92	56.22	93.68	68.72
41	43.74	31.22	74.92	56.22	93.68	68.72
42	43.74	31.22	74.92	56.22	93.68	68.72
43	43.74	31.22	74.92	56.22	93.68	68.72
44	43.74	31.22	74.92	56.22	93.68	68.72
45	43.74	31.22	74.92	56.22	93.68	68.72
46	43.74	34.34	78.08	59.32	96.78	71.80
47	46.86	34.34	81.16	59.32	99.96	74.92
48	46.86	34.34	81.16	59.32	99.96	74.92
49	46.86	34.34	81.16	59.32	103.04	78.08
50	49.94	37.52	84.32	62.46	106.16	84.32
51	49.94	37.52	87.44	65.58	109.32	87.44
52	53.10	40.58	90.58	68.72	115.52	90.58
53	56.22	43.74	93.68	71.80	118.68	93.68
54	59.32	43.74	99.96	74.92	128.02	93.68
55	65.58	49.94	109.32	81.16	140.54	106.16
56	74.92	53.10	121.74	87.44	156.10	112.42
57	81.16	62.46	131.14	99.96	168.64	128.02
58	90.58	68.72	143.66	109.32	184.26	140.54
59	99.96	74.92	159.26	121.74	199.84	153.04
60	115.52	84.32	181.10	134.30	227.98	168.64
61	124.92	93.68	196.74	146.74	246.70	184.26
62	140.54	106.16	221.70	168.64	281.04	212.36
63	159.26	115.52	246.70	181.10	312.28	227.98
64	184.26	131.14	284.18	206.08	359.12	259.16
65	202.98	146.74	309.16	224.82	390.34	284.18
66	227.98	162.40	343.50	246.70	430.92	309.16
67	249.82	178.02	371.56	262.34	468.44	330.98
68	274.78	199.84	405.96	293.58	505.86	365.36
69	299.78	215.44	437.18	312.28	546.46	390.34
70	324.78	237.34	468.44	343.50	580.82	424.68
71	355.94	259.16	509.02	368.48	627.62	452.80
72	387.26	281.04	549.58	399.70	668.28	484.04
73	421.56	309.16	587.06	434.08	705.68	521.44
74	462.16	340.38	640.14	471.50	755.64	555.84
75	509.02	368.48	702.62	509.02	811.90	590.18
76	562.10	409.06	765.08	555.84	880.60	637.04
77	624.54	455.88	843.12	615.18	946.16	693.26
78	687.02	502.76	914.94	671.34	999.98	746.28
79	752.56	549.58	996.08	724.48	999.98	805.64
80		599.56		780.66		864.94
81		655.76		843.12		933.68
82		715.04		908.68		999.98
83		780.66		980.52		999.98
84		852.52		999.98		999.98

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30225 Series**

June 2017

<u>Product</u>	<u>Form Number</u>
Nursing Home Indemnity Policy	30225-PA
Nursing Home Indemnity Policy	30225-PA1
Nursing Home Indemnity Policy	30225A-PA1

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of the requested premium rate increase with Chapter 18 Section 3801.303(c) and Regulation 89.83 of the Insurance Regulations for the state of Pennsylvania. It may not be appropriate for other purposes.

2. Demonstration of Compliance with Chapter 18 Section 3801.303(c)

We believe that we comply with this subsection of the regulation by submitting these premium rates before they are being used.

3. Demonstration of Compliance with Regulation 89.83

89.83(a): General. This subsection requires no action.

89.83(b): New Filings. This subsection is not applicable.

89.83(c): Revision of Current Rates.

(1): This rate increase filing complies with the minimum loss ratio requirement of 60%, as specified in Regulation 89a.117.

(2): Section 2 of the Actuarial Memorandum provides a description of benefits. Copies of the policy forms are enclosed with this filing.

(2)(i): The reason for the rate increase is due to a combination of actual voluntary lapse and mortality running less than expected in pricing and actual morbidity experience worse than expected for older attained ages. A premium rate increase is considered an effective way to reduce projected losses.

The company is requesting a premium rate increase of 25.7% is being requested on the above-referenced forms.

Tables with current premium rates are provided in Attachment 1, and premium rates with the requested rate increase are provided in Attachment 2. The average annual nursing home premium based on December 31, 2016 inforce before and after the requested premium rate increase is as follows:

Before increase:	\$1,670
After increase:	\$2,098

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30225 Series**

June 2017

These values assume all previously approved premium rate increases have been implemented.

Attachment 3 provides nationwide experience for earned premiums and incurred claims, both before and after the requested premium rate increase. Attachment 4 provides nationwide experience for written premiums and paid claims, both before and after the requested premium rate increase. The actual and projected premiums in these attachments reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2016 on a nationwide basis.

Attachments 5 and 6 provide corresponding Pennsylvania-specific experience.

(2)(ii)(A): Six prior premium rate increases have been approved and implemented on these forms. A 35% increase was approved in January 2005 and implemented on each contract's next policy anniversary beginning in April 2005. A 15% increase was approved in April 2008 and implemented on each contract's next policy anniversary beginning in July 2008. A 10% increase was approved in June 2009 and implemented on each contract's next policy anniversary beginning in September 2009. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 15% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each contract's next policy anniversary beginning in December 2015.

(2)(ii)(B): A commission of 2.5% of premium is currently paid. Commission rates were reduced in 2005, 2008, 2009, 2011, 2013 and 2016 so that commissions paid before and after past sought nationwide increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience are provided in Attachments 3 and 4, respectively. The actual and projected premiums in these attachments reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2016 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Details of reserve balances and calculation basis for both nationwide and Pennsylvania-specific experience are provided in Attachment 7.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience are provided in Attachments 3 and 4, respectively.

Claims incurred and paid since inception for Pennsylvania-specific experience are

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30225 Series**

June 2017

provided in Attachments 5 and 6, respectively.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums in Attachment 8 reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2005 through 2016 on a nationwide basis.

(2)(ii)(D): We believe that we have provided information sufficient to support the rate increase requested in this filing.

(2)(iii): We believe that data used in this premium rate increase filing is in agreement with those used in the annual statement filed with the Department.

89.83 (d): *Filing Procedure*. We believe this rate increase filing complies with this subsection.

Attachment 1

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Current Annual Premiums

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	57.14	42.26	106.84	79.48	134.16	99.40
41	57.14	42.26	106.84	79.48	134.16	99.40
42	57.14	42.26	106.84	79.48	134.16	99.40
43	57.14	42.26	106.84	79.48	134.16	99.40
44	57.14	42.26	106.84	79.48	134.16	99.40
45	57.14	42.26	106.84	79.48	134.16	99.40
46	62.12	47.22	111.78	84.46	141.64	106.84
47	62.12	47.22	114.28	84.46	144.08	106.84
48	64.58	47.22	116.74	86.96	146.58	109.34
49	64.58	49.70	116.74	89.48	149.06	111.78
50	67.12	49.70	119.26	89.48	151.58	114.28
51	69.58	52.16	124.20	94.44	156.52	119.26
52	74.54	54.68	129.22	96.88	163.96	124.20
53	77.02	57.14	134.16	101.86	171.42	129.22
54	82.00	62.12	141.64	106.84	181.38	136.64
55	91.90	69.58	156.52	119.26	201.26	151.58
56	99.40	77.02	171.42	131.68	218.62	171.42
57	109.34	84.46	186.32	144.08	238.52	183.84
58	121.72	94.44	206.20	156.52	260.86	201.26
59	136.64	101.86	226.06	171.42	288.24	218.62
60	151.58	119.26	248.44	196.26	315.50	248.44
61	168.96	136.64	280.74	228.58	352.80	285.70
62	186.32	146.58	305.58	243.48	387.58	305.58
63	213.68	173.90	350.32	283.20	442.22	357.76
64	241.00	188.84	392.54	308.08	494.38	390.06
65	268.32	218.62	429.78	350.32	541.56	442.22
66	293.18	233.56	462.10	370.16	583.84	467.06
67	325.48	258.36	509.26	404.96	638.50	506.82
68	357.76	293.18	554.00	452.16	693.12	563.94
69	402.46	318.00	616.12	489.40	767.70	608.68
70	444.72	352.80	675.74	536.62	837.24	665.80
71	486.98	385.08	730.38	578.88	896.86	713.02
72	534.12	424.82	797.50	636.00	966.44	770.16
73	593.74	476.98	872.00	700.58	999.98	842.22
74	653.38	526.70	954.00	767.70	999.98	906.78
75	725.44	576.38	999.98	837.24	999.98	971.38
76	809.92	640.96	999.98	916.74	999.98	999.98
77	904.34	722.96	999.98	999.98	999.98	999.98
78	999.98	797.50	999.98	999.98	999.98	999.98
79	999.98	876.96	999.98	999.98	999.98	999.98

Attachment 1

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Current Annual Premiums

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	44.74	32.30	79.48	57.14	99.40	72.06
41	44.74	32.30	79.48	57.14	99.40	72.06
42	44.74	32.30	79.48	57.14	99.40	72.06
43	44.74	32.30	79.48	57.14	99.40	72.06
44	44.74	32.30	79.48	57.14	99.40	72.06
45	44.74	32.30	79.48	57.14	99.40	72.06
46	47.22	34.80	82.00	59.62	104.36	74.54
47	49.70	34.80	84.46	59.62	106.84	77.02
48	49.70	34.80	84.46	62.12	106.84	77.02
49	49.70	37.24	86.96	64.58	109.34	79.48
50	52.16	37.24	89.48	64.58	111.78	79.48
51	54.68	39.74	91.90	69.58	121.72	86.96
52	57.14	39.74	94.44	69.58	124.20	89.48
53	59.62	42.26	99.40	72.06	126.74	91.90
54	64.58	44.74	104.36	74.54	134.16	96.88
55	69.58	49.70	114.28	82.00	149.06	106.84
56	77.02	57.14	126.74	91.90	161.50	119.26
57	84.46	62.12	136.64	101.86	173.90	129.22
58	94.44	69.58	151.58	109.34	191.32	139.12
59	104.36	74.54	166.46	119.26	211.18	151.58
60	116.74	86.96	183.84	139.12	231.04	173.90
61	129.22	101.86	206.20	159.02	258.36	201.26
62	144.08	109.34	223.60	171.42	283.20	213.68
63	163.96	126.74	255.90	198.74	322.96	250.90
64	183.84	139.12	285.70	216.14	362.72	273.28
65	206.20	161.50	315.50	245.96	397.48	310.52
66	223.60	171.42	337.88	260.86	427.32	327.96
67	250.90	191.32	372.64	283.20	469.54	355.26
68	275.78	213.68	407.44	315.50	509.26	395.00
69	308.08	233.56	449.68	342.82	561.46	427.32
70	340.38	258.36	494.38	375.10	613.62	467.06
71	372.64	283.20	534.12	404.96	658.38	499.36
72	412.44	313.04	583.84	444.72	708.04	539.12
73	457.10	350.32	638.50	491.92	765.22	588.80
74	501.84	387.58	698.10	539.12	824.82	636.00
75	559.00	424.82	772.64	586.32	894.38	678.22
76	623.56	472.02	847.16	640.96	973.86	735.38
77	695.64	531.64	939.10	718.00	999.98	807.42
78	770.16	586.32	999.98	780.06	999.98	869.54
79	837.24	645.94	999.98	852.16	999.98	929.16
80		703.08		914.26		991.24
81		762.68		983.80		999.98
82		832.24		999.98		999.98
83		906.78		999.98		999.98
84		981.32		999.98		999.98

Attachment 1

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Current Annual Premiums

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	39.74	29.84	69.58	52.16	86.96	64.58
41	39.74	29.84	69.58	52.16	86.96	64.58
42	39.74	29.84	69.58	52.16	86.96	64.58
43	39.74	29.84	69.58	52.16	86.96	64.58
44	39.74	29.84	69.58	52.16	86.96	64.58
45	39.74	29.84	69.58	52.16	86.96	64.58
46	42.26	32.30	72.06	54.68	91.90	69.58
47	42.26	32.30	74.54	57.14	94.44	72.06
48	44.74	32.30	77.02	57.14	96.88	72.06
49	44.74	34.80	77.02	59.62	96.88	74.54
50	47.22	34.80	79.48	59.62	99.40	74.54
51	49.70	37.24	82.00	62.12	104.36	82.00
52	49.70	37.24	84.46	64.58	106.84	84.46
53	54.68	39.74	89.48	67.12	114.28	89.48
54	57.14	42.26	94.44	72.06	119.26	91.90
55	62.12	47.22	101.86	77.02	131.68	99.40
56	69.58	52.16	111.78	86.96	144.08	109.34
57	77.02	59.62	121.72	94.44	156.52	121.72
58	84.46	64.58	136.64	104.36	173.90	131.68
59	94.44	72.06	149.06	114.28	191.32	144.08
60	104.36	82.00	163.96	129.22	208.70	163.96
61	116.74	94.44	183.84	149.06	231.04	186.32
62	129.22	101.86	201.26	159.02	255.90	201.26
63	149.06	119.26	233.56	188.84	293.18	235.98
64	166.46	131.68	258.36	203.72	325.48	255.90
65	183.84	151.58	283.20	231.04	355.26	290.66
66	201.26	161.50	303.10	243.48	380.14	305.58
67	226.06	178.88	335.38	265.86	422.34	335.38
68	250.90	203.72	367.70	298.14	459.64	375.10
69	278.24	221.12	404.96	322.96	504.32	402.46
70	305.58	243.48	444.72	352.80	551.54	437.26
71	332.90	263.32	476.98	377.64	586.32	464.60
72	370.16	295.64	526.70	419.86	638.50	506.82
73	412.44	332.90	578.88	464.60	695.64	559.00
74	452.16	362.72	628.52	506.82	740.34	596.22
75	501.84	397.48	693.12	549.06	802.44	638.50
76	556.50	439.74	755.26	598.76	867.04	685.72
77	626.08	501.84	847.16	675.74	954.00	762.68
78	698.10	556.50	929.16	740.34	999.98	822.30
79	752.74	606.22	993.76	799.98	999.98	879.48
80		650.90		847.16		934.14
81		703.08		906.78		996.24
82		755.26		966.44		999.98
83		804.96		999.98		999.98
84		849.64		999.98		999.98

Attachment 1

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Current Annual Premiums

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	34.80	24.84	59.62	44.74	74.54	54.68
41	34.80	24.84	59.62	44.74	74.54	54.68
42	34.80	24.84	59.62	44.74	74.54	54.68
43	34.80	24.84	59.62	44.74	74.54	54.68
44	34.80	24.84	59.62	44.74	74.54	54.68
45	34.80	24.84	59.62	44.74	74.54	54.68
46	34.80	27.32	62.12	47.22	77.02	57.14
47	37.24	27.32	64.58	47.22	79.48	59.62
48	37.24	27.32	64.58	47.22	79.48	59.62
49	37.24	27.32	64.58	47.22	82.00	62.12
50	39.74	29.84	67.12	49.70	84.46	67.12
51	39.74	29.84	69.58	52.16	86.96	69.58
52	42.26	32.30	72.06	54.68	91.90	72.06
53	44.74	34.80	74.54	57.14	94.44	74.54
54	47.22	34.80	79.48	59.62	101.86	74.54
55	52.16	39.74	86.96	64.58	111.78	84.46
56	59.62	42.26	96.88	69.58	124.20	89.48
57	64.58	49.70	104.36	79.48	134.16	101.86
58	72.06	54.68	114.28	86.96	146.58	111.78
59	79.48	59.62	126.74	96.88	159.02	121.72
60	91.90	67.12	144.08	106.84	181.38	134.16
61	99.40	74.54	156.52	116.74	196.26	146.58
62	111.78	84.46	176.36	134.16	223.60	168.96
63	126.74	91.90	196.26	144.08	248.44	181.38
64	146.58	104.36	226.06	163.96	285.70	206.20
65	161.50	116.74	245.96	178.88	310.52	226.06
66	181.38	129.22	273.28	196.26	342.82	245.96
67	198.74	141.64	295.64	208.70	372.64	263.32
68	218.62	159.02	322.96	233.56	402.46	290.66
69	238.52	171.42	347.86	248.44	434.72	310.52
70	258.36	188.84	372.64	273.28	462.10	337.88
71	283.20	206.20	404.96	293.18	499.36	360.24
72	308.08	223.60	437.26	318.00	531.64	385.08
73	335.38	245.96	467.06	345.32	561.46	414.88
74	367.70	270.80	509.26	375.10	601.22	442.22
75	404.96	293.18	559.00	404.96	645.94	469.54
76	447.18	325.48	608.68	442.22	700.58	506.82
77	496.90	362.72	670.80	489.40	752.74	551.54
78	546.60	400.00	727.90	534.12	809.92	593.74
79	598.76	437.26	792.48	576.38	864.58	640.96
80		476.98		621.10		688.16
81		521.70		670.80		742.84
82		568.90		722.96		799.98
83		621.10		780.06		859.58
84		678.22		842.22		924.20

Attachment 2

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	71.80	53.10	134.30	99.96	168.64	124.92
41	71.80	53.10	134.30	99.96	168.64	124.92
42	71.80	53.10	134.30	99.96	168.64	124.92
43	71.80	53.10	134.30	99.96	168.64	124.92
44	71.80	53.10	134.30	99.96	168.64	124.92
45	71.80	53.10	134.30	99.96	168.64	124.92
46	78.08	59.32	140.54	106.16	178.02	134.30
47	78.08	59.32	143.66	106.16	181.10	134.30
48	81.16	59.32	146.74	109.32	184.26	137.40
49	81.16	62.46	146.74	112.42	187.40	140.54
50	84.32	62.46	149.90	112.42	190.46	143.66
51	87.44	65.58	156.10	118.68	196.74	149.90
52	93.68	68.72	162.40	121.74	206.08	156.10
53	96.78	71.80	168.64	128.02	215.44	162.40
54	103.04	78.08	178.02	134.30	227.98	171.72
55	115.52	87.44	196.74	149.90	252.94	190.46
56	124.92	96.78	215.44	165.50	274.78	215.44
57	137.40	106.16	234.18	181.10	299.78	231.10
58	153.04	118.68	259.16	196.74	327.92	252.94
59	171.72	128.02	284.18	215.44	362.22	274.78
60	190.46	149.90	312.28	246.70	396.58	312.28
61	212.36	171.72	352.86	287.30	443.42	359.12
62	234.18	184.26	384.08	306.00	487.16	384.08
63	268.54	218.60	440.28	355.94	555.84	449.66
64	302.94	237.34	493.40	387.26	621.40	490.24
65	337.28	274.78	540.18	440.28	680.70	555.84
66	368.48	293.58	580.82	465.26	733.84	587.06
67	409.06	324.78	640.14	509.02	802.54	637.04
68	449.66	368.48	696.34	568.34	871.22	708.86
69	505.86	399.70	774.44	615.18	964.90	765.08
70	558.94	443.42	849.34	674.48	999.98	836.90
71	612.06	484.04	918.04	727.58	999.98	896.18
72	671.34	533.96	999.98	799.38	999.98	968.04
73	746.28	599.56	999.98	880.60	999.98	999.98
74	821.24	662.06	999.98	964.90	999.98	999.98
75	911.84	724.48	999.98	999.98	999.98	999.98
76	999.98	805.64	999.98	999.98	999.98	999.98
77	999.98	908.68	999.98	999.98	999.98	999.98
78	999.98	999.98	999.98	999.98	999.98	999.98
79	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	56.22	40.58	99.96	71.80	124.92	90.58
41	56.22	40.58	99.96	71.80	124.92	90.58
42	56.22	40.58	99.96	71.80	124.92	90.58
43	56.22	40.58	99.96	71.80	124.92	90.58
44	56.22	40.58	99.96	71.80	124.92	90.58
45	56.22	40.58	99.96	71.80	124.92	90.58
46	59.32	43.74	103.04	74.92	131.14	93.68
47	62.46	43.74	106.16	74.92	134.30	96.78
48	62.46	43.74	106.16	78.08	134.30	96.78
49	62.46	46.86	109.32	81.16	137.40	99.96
50	65.58	46.86	112.42	81.16	140.54	99.96
51	68.72	49.94	115.52	87.44	153.04	109.32
52	71.80	49.94	118.68	87.44	156.10	112.42
53	74.92	53.10	124.92	90.58	159.26	115.52
54	81.16	56.22	131.14	93.68	168.64	121.74
55	87.44	62.46	143.66	103.04	187.40	134.30
56	96.78	71.80	159.26	115.52	202.98	149.90
57	106.16	78.08	171.72	128.02	218.60	162.40
58	118.68	87.44	190.46	137.40	240.46	174.86
59	131.14	93.68	209.24	149.90	265.42	190.46
60	146.74	109.32	231.10	174.86	290.40	218.60
61	162.40	128.02	259.16	199.84	324.78	252.94
62	181.10	137.40	281.04	215.44	355.94	268.54
63	206.08	159.26	321.60	249.82	405.96	315.36
64	231.10	174.86	359.12	271.68	455.88	343.50
65	259.16	202.98	396.58	309.16	499.60	390.34
66	281.04	215.44	424.68	327.92	537.12	412.22
67	315.36	240.46	468.44	355.94	590.18	446.52
68	346.56	268.54	512.14	396.58	640.14	496.48
69	387.26	293.58	565.20	430.92	705.68	537.12
70	427.82	324.78	621.40	471.50	771.26	587.06
71	468.44	355.94	671.34	509.02	827.54	627.62
72	518.38	393.44	733.84	558.94	889.94	677.64
73	574.54	440.28	802.54	618.28	961.76	740.10
74	630.78	487.16	877.48	677.64	999.98	799.38
75	702.62	533.96	971.10	736.94	999.98	852.52
76	783.80	593.30	999.98	805.64	999.98	924.32
77	874.32	668.28	999.98	902.46	999.98	999.98
78	968.04	736.94	999.98	980.52	999.98	999.98
79	999.98	811.90	999.98	999.98	999.98	999.98
80		883.70		999.98		999.98
81		958.68		999.98		999.98
82		999.98		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

3 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	49.94	37.52	87.44	65.58	109.32	81.16
41	49.94	37.52	87.44	65.58	109.32	81.16
42	49.94	37.52	87.44	65.58	109.32	81.16
43	49.94	37.52	87.44	65.58	109.32	81.16
44	49.94	37.52	87.44	65.58	109.32	81.16
45	49.94	37.52	87.44	65.58	109.32	81.16
46	53.10	40.58	90.58	68.72	115.52	87.44
47	53.10	40.58	93.68	71.80	118.68	90.58
48	56.22	40.58	96.78	71.80	121.74	90.58
49	56.22	43.74	96.78	74.92	121.74	93.68
50	59.32	43.74	99.96	74.92	124.92	93.68
51	62.46	46.86	103.04	78.08	131.14	103.04
52	62.46	46.86	106.16	81.16	134.30	106.16
53	68.72	49.94	112.42	84.32	143.66	112.42
54	71.80	53.10	118.68	90.58	149.90	115.52
55	78.08	59.32	128.02	96.78	165.50	124.92
56	87.44	65.58	140.54	109.32	181.10	137.40
57	96.78	74.92	153.04	118.68	196.74	153.04
58	106.16	81.16	171.72	131.14	218.60	165.50
59	118.68	90.58	187.40	143.66	240.46	181.10
60	131.14	103.04	206.08	162.40	262.34	206.08
61	146.74	118.68	231.10	187.40	290.40	234.18
62	162.40	128.02	252.94	199.84	321.60	252.94
63	187.40	149.90	293.58	237.34	368.48	296.64
64	209.24	165.50	324.78	256.06	409.06	321.60
65	231.10	190.46	355.94	290.40	446.52	365.36
66	252.94	202.98	381.00	306.00	477.80	384.08
67	284.18	224.82	421.56	334.14	530.82	421.56
68	315.36	256.06	462.16	374.72	577.70	471.50
69	349.74	277.94	509.02	405.96	633.90	505.86
70	384.08	306.00	558.94	443.42	693.26	549.58
71	418.42	330.98	599.56	474.66	736.94	583.94
72	465.26	371.56	662.06	527.76	802.54	637.04
73	518.38	418.42	727.58	583.94	874.32	702.62
74	568.34	455.88	790.02	637.04	930.54	749.46
75	630.78	499.60	871.22	690.10	999.98	802.54
76	699.46	552.74	949.30	752.56	999.98	861.88
77	786.92	630.78	999.98	849.34	999.98	958.68
78	877.48	699.46	999.98	930.54	999.98	999.98
79	946.16	761.92	999.98	999.98	999.98	999.98
80		818.16		999.98		999.98
81		883.70		999.98		999.98
82		949.30		999.98		999.98
83		999.98		999.98		999.98
84		999.98		999.98		999.98

Attachment 2

**RiverSource Life Insurance Company
227 Ameriprise Financial Center
Minneapolis, MN 55474**

Annual Premiums with 25.7% Increase

**Nursing Home Indemnity Policy
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1**

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD						
Issue Age	No Benefit Increase Option		Simple Benefit Increase Option		Compound Benefit Increase Option	
	<i>Deductible Period</i>		<i>Deductible Period</i>		<i>Deductible Period</i>	
	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>	<i>20 Day</i>	<i>100 Day</i>
40	43.74	31.22	74.92	56.22	93.68	68.72
41	43.74	31.22	74.92	56.22	93.68	68.72
42	43.74	31.22	74.92	56.22	93.68	68.72
43	43.74	31.22	74.92	56.22	93.68	68.72
44	43.74	31.22	74.92	56.22	93.68	68.72
45	43.74	31.22	74.92	56.22	93.68	68.72
46	43.74	34.34	78.08	59.32	96.78	71.80
47	46.86	34.34	81.16	59.32	99.96	74.92
48	46.86	34.34	81.16	59.32	99.96	74.92
49	46.86	34.34	81.16	59.32	103.04	78.08
50	49.94	37.52	84.32	62.46	106.16	84.32
51	49.94	37.52	87.44	65.58	109.32	87.44
52	53.10	40.58	90.58	68.72	115.52	90.58
53	56.22	43.74	93.68	71.80	118.68	93.68
54	59.32	43.74	99.96	74.92	128.02	93.68
55	65.58	49.94	109.32	81.16	140.54	106.16
56	74.92	53.10	121.74	87.44	156.10	112.42
57	81.16	62.46	131.14	99.96	168.64	128.02
58	90.58	68.72	143.66	109.32	184.26	140.54
59	99.96	74.92	159.26	121.74	199.84	153.04
60	115.52	84.32	181.10	134.30	227.98	168.64
61	124.92	93.68	196.74	146.74	246.70	184.26
62	140.54	106.16	221.70	168.64	281.04	212.36
63	159.26	115.52	246.70	181.10	312.28	227.98
64	184.26	131.14	284.18	206.08	359.12	259.16
65	202.98	146.74	309.16	224.82	390.34	284.18
66	227.98	162.40	343.50	246.70	430.92	309.16
67	249.82	178.02	371.56	262.34	468.44	330.98
68	274.78	199.84	405.96	293.58	505.86	365.36
69	299.78	215.44	437.18	312.28	546.46	390.34
70	324.78	237.34	468.44	343.50	580.82	424.68
71	355.94	259.16	509.02	368.48	627.62	452.80
72	387.26	281.04	549.58	399.70	668.28	484.04
73	421.56	309.16	587.06	434.08	705.68	521.44
74	462.16	340.38	640.14	471.50	755.64	555.84
75	509.02	368.48	702.62	509.02	811.90	590.18
76	562.10	409.06	765.08	555.84	880.60	637.04
77	624.54	455.88	843.12	615.18	946.16	693.26
78	687.02	502.76	914.94	671.34	999.98	746.28
79	752.56	549.58	996.08	724.48	999.98	805.64
80		599.56		780.66		864.94
81		655.76		843.12		933.68
82		715.04		908.68		999.98
83		780.66		980.52		999.98
84		852.52		999.98		999.98

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	145	0	0.0%	426	0	0.0%	4.50%	2.9400
	1993	2,687,206	147,465	5.5%	7,560,208	414,880	5.5%	4.50%	2.8134
	1994	12,917,807	1,546,420	12.0%	34,778,059	4,163,360	12.0%	4.50%	2.6923
	1995	26,752,634	3,549,685	13.3%	68,923,415	9,145,133	13.3%	4.50%	2.5763
	1996	42,760,471	6,593,399	15.4%	105,420,832	16,255,237	15.4%	4.50%	2.4654
	1997	58,785,957	7,435,883	12.6%	138,688,757	17,542,852	12.6%	4.50%	2.3592
	1998	67,700,592	13,325,455	19.7%	152,842,397	30,083,850	19.7%	4.50%	2.2576
	1999	66,596,266	18,851,125	28.3%	143,874,876	40,726,055	28.3%	4.50%	2.1604
	2000	63,717,330	18,760,774	29.4%	131,727,473	38,785,513	29.4%	4.50%	2.0674
	2001	61,144,604	23,827,455	39.0%	120,965,254	47,138,978	39.0%	4.50%	1.9783
	2002	58,988,534	32,537,752	55.2%	111,674,449	61,599,014	55.2%	4.50%	1.8932
	2003	56,857,624	35,702,629	62.8%	103,005,077	64,680,016	62.8%	4.50%	1.8116
	2004	55,061,694	32,575,092	59.2%	95,455,993	56,472,795	59.2%	4.50%	1.7336
	2005	54,263,725	30,052,160	55.4%	90,021,645	49,855,495	55.4%	4.50%	1.6590
	2006	62,862,157	41,867,128	66.6%	99,795,356	66,465,186	66.6%	4.50%	1.5875
	2007	60,478,189	46,277,024	76.5%	91,876,308	70,302,405	76.5%	4.50%	1.5192
	2008	58,907,481	48,429,496	82.2%	85,636,502	70,404,176	82.2%	4.50%	1.4537
	2009	62,099,162	54,508,488	87.8%	86,388,895	75,829,172	87.8%	4.50%	1.3911
	2010	63,921,326	52,031,041	81.4%	85,094,534	69,265,727	81.4%	4.50%	1.3312
	2011	62,702,909	71,972,778	114.8%	79,878,020	91,687,022	114.8%	4.50%	1.2739
Projected Future Experience	2012	63,675,298	69,564,917	109.2%	77,623,691	84,803,461	109.2%	4.50%	1.2191
	2013	61,199,054	74,112,362	121.1%	71,392,358	86,456,504	121.1%	4.50%	1.1666
	2014	64,130,630	83,268,972	129.8%	71,590,637	92,955,251	129.8%	4.50%	1.1163
	2015	61,415,963	93,186,283	151.7%	65,607,834	99,546,599	151.7%	4.50%	1.0683
	2016	62,682,889	100,316,826	160.0%	64,077,735	102,549,118	160.0%	4.50%	1.0223
	2017	62,137,713	110,187,675	177.3%	60,785,098	107,789,107	177.3%	4.50%	0.9782
	2018	57,646,018	117,208,259	203.3%	53,962,850	109,719,490	203.3%	4.50%	0.9361
	2019	53,233,939	124,555,257	234.0%	47,686,767	111,576,141	234.0%	4.50%	0.8958
	2020	48,933,451	131,924,001	269.6%	41,946,799	113,088,071	269.6%	4.50%	0.8572
	2021	44,760,416	138,833,958	310.2%	36,717,306	113,886,540	310.2%	4.50%	0.8203
	2022	40,734,935	145,216,625	356.5%	31,976,242	113,992,622	356.5%	4.50%	0.7850
	2023	36,877,362	150,970,199	409.4%	27,701,543	113,405,819	409.4%	4.50%	0.7512
	2024	33,200,907	155,939,191	469.7%	23,865,897	112,094,189	469.7%	4.50%	0.7188
	2025	29,716,966	159,768,199	537.6%	20,441,653	109,901,057	537.6%	4.50%	0.6879
	2026	26,439,992	162,395,743	614.2%	17,404,300	106,898,074	614.2%	4.50%	0.6583
	2027	23,382,374	163,892,731	700.9%	14,728,806	103,237,776	700.9%	4.50%	0.6299
	2028	20,548,036	164,051,854	798.4%	12,386,054	98,888,048	798.4%	4.50%	0.6028
	2029	17,938,989	162,781,870	907.4%	10,347,712	93,897,148	907.4%	4.50%	0.5768
	2030	15,557,260	160,177,773	1029.6%	8,587,430	88,416,299	1029.6%	4.50%	0.5520
	2031	13,397,987	156,286,659	1166.5%	7,077,068	82,553,539	1166.5%	4.50%	0.5282
	2032	11,453,657	151,076,960	1319.0%	5,789,508	76,365,242	1319.0%	4.50%	0.5055
	2033	9,720,036	144,581,235	1487.5%	4,701,637	69,934,768	1487.5%	4.50%	0.4837
	2034	8,190,131	136,817,180	1670.5%	3,791,017	63,329,426	1670.5%	4.50%	0.4629
	2035	6,851,190	127,915,366	1867.1%	3,034,692	56,659,318	1867.1%	4.50%	0.4429
	2036	5,688,471	118,014,713	2074.6%	2,411,170	50,022,857	2074.6%	4.50%	0.4239
	2037	4,686,850	107,295,548	2289.3%	1,901,066	43,520,888	2289.3%	4.50%	0.4056
	2038	3,831,157	96,187,283	2510.7%	1,487,064	37,335,108	2510.7%	4.50%	0.3882
	2039	3,106,388	85,144,631	2741.0%	1,153,823	31,625,743	2741.0%	4.50%	0.3714
	2040	2,497,910	74,494,978	2982.3%	887,859	26,478,548	2982.3%	4.50%	0.3554
	2041	1,991,657	64,466,195	3236.8%	677,431	21,927,187	3236.8%	4.50%	0.3401
	2042	1,574,302	55,239,845	3508.8%	512,416	17,979,891	3508.8%	4.50%	0.3255
	2043	1,233,419	46,905,413	3802.9%	384,175	14,609,699	3802.9%	4.50%	0.3115
	2044	957,606	39,462,073	4120.9%	285,423	11,762,020	4120.9%	4.50%	0.2981
	2045	736,561	32,872,212	4462.9%	210,085	9,375,936	4462.9%	4.50%	0.2852
	2046	561,117	27,084,653	4826.9%	153,152	7,392,524	4826.9%	4.50%	0.2729
	2047	423,229	22,039,951	5207.6%	110,542	5,756,570	5207.6%	4.50%	0.2612
	2048	315,947	17,688,013	5598.4%	78,968	4,420,953	5598.4%	4.50%	0.2499
	2049	233,339	13,986,657	5994.1%	55,809	3,345,295	5994.1%	4.50%	0.2392
	2050	170,413	10,893,134	6392.2%	39,004	2,493,200	6392.2%	4.50%	0.2289
	2051	123,012	8,354,009	6791.2%	26,942	1,829,713	6791.2%	4.50%	0.2190
	2052	87,720	6,319,406	7204.1%	18,385	1,324,488	7204.1%	4.50%	0.2096
	2053	61,757	4,716,114	7636.6%	12,386	945,888	7636.6%	4.50%	0.2006
	2054	42,893	3,470,573	8091.2%	8,232	666,101	8091.2%	4.50%	0.1919
	2055	29,363	2,516,072	8569.0%	5,393	462,110	8569.0%	4.50%	0.1837
	2056	19,786	1,794,694	9070.7%	3,477	315,426	9070.7%	4.50%	0.1758
	Past	1,312,309,648	960,440,609	73.2%	2,183,900,730	1,347,127,800	61.7%		
	Future	589,094,253	3,603,526,902	611.7%	443,355,182	2,139,222,819	482.5%		
	Lifetime	1,901,403,901	4,563,967,511	240.0%	2,627,255,912	3,486,350,619	132.7%		

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience with 25.7% Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	145	0	0.0%	426	0	0.0%	4.50%	2.9400
	1993	2,687,206	147,465	5.5%	7,560,208	414,880	5.5%	4.50%	2.8134
	1994	12,917,807	1,546,420	12.0%	34,778,059	4,163,360	12.0%	4.50%	2.6923
	1995	26,752,634	3,549,685	13.3%	68,923,415	9,145,133	13.3%	4.50%	2.5763
	1996	42,760,471	6,593,399	15.4%	105,420,832	16,255,237	15.4%	4.50%	2.4654
	1997	58,785,957	7,435,883	12.6%	138,688,757	17,542,852	12.6%	4.50%	2.3592
	1998	67,700,592	13,325,455	19.7%	152,842,397	30,083,850	19.7%	4.50%	2.2576
	1999	66,596,266	18,851,125	28.3%	143,874,876	40,726,055	28.3%	4.50%	2.1604
	2000	63,717,330	18,760,774	29.4%	131,727,473	38,785,513	29.4%	4.50%	2.0674
	2001	61,144,604	23,827,455	39.0%	120,965,254	47,138,978	39.0%	4.50%	1.9783
	2002	58,988,534	32,537,752	55.2%	111,674,449	61,599,014	55.2%	4.50%	1.8932
	2003	56,857,624	35,702,629	62.8%	103,005,077	64,680,016	62.8%	4.50%	1.8116
	2004	55,061,694	32,575,092	59.2%	95,455,993	56,472,795	59.2%	4.50%	1.7336
	2005	54,263,725	30,052,160	55.4%	90,021,645	49,855,495	55.4%	4.50%	1.6590
	2006	62,862,157	41,867,128	66.6%	99,795,356	66,465,186	66.6%	4.50%	1.5875
	2007	60,478,189	46,277,024	76.5%	91,876,308	70,302,405	76.5%	4.50%	1.5192
	2008	58,907,481	48,429,496	82.2%	85,636,502	70,404,176	82.2%	4.50%	1.4537
	2009	62,099,162	54,508,488	87.8%	86,388,895	75,829,172	87.8%	4.50%	1.3911
	2010	63,921,326	52,031,041	81.4%	85,094,534	69,265,727	81.4%	4.50%	1.3312
	2011	62,702,909	71,972,778	114.8%	79,878,020	91,687,022	114.8%	4.50%	1.2739
Projected Future Experience	2012	63,675,298	69,564,917	109.2%	77,623,691	84,803,461	109.2%	4.50%	1.2191
	2013	61,199,054	74,112,362	121.1%	71,392,358	86,456,504	121.1%	4.50%	1.1666
	2014	64,130,630	83,268,972	129.8%	71,590,637	92,955,251	129.8%	4.50%	1.1163
	2015	61,415,963	93,186,283	151.7%	65,607,834	99,546,599	151.7%	4.50%	1.0683
	2016	62,682,889	100,316,826	160.0%	64,077,735	102,549,118	160.0%	4.50%	1.0223
	2017	63,129,911	110,051,413	174.3%	61,755,698	107,655,812	174.3%	4.50%	0.9782
	2018	67,984,054	117,618,930	173.0%	63,640,359	110,103,922	173.0%	4.50%	0.9361
	2019	64,921,281	124,353,634	191.5%	58,156,245	111,395,528	191.5%	4.50%	0.8958
	2020	59,676,843	130,350,327	218.4%	51,156,264	111,739,084	218.4%	4.50%	0.8572
	2021	54,587,804	135,795,855	248.8%	44,778,786	111,394,361	248.8%	4.50%	0.8203
	2022	49,678,677	141,339,315	284.5%	38,996,931	110,948,998	284.5%	4.50%	0.7850
	2023	44,974,286	146,771,663	326.3%	33,783,791	110,251,962	326.3%	4.50%	0.7512
	2024	40,490,741	151,537,977	374.3%	29,106,068	108,930,453	374.3%	4.50%	0.7188
	2025	36,241,944	155,198,482	428.2%	24,930,042	106,757,649	428.2%	4.50%	0.6879
	2026	32,245,523	157,694,729	489.0%	21,225,829	103,803,600	489.0%	4.50%	0.6583
	2027	28,516,596	159,096,336	557.9%	17,962,907	100,216,476	557.9%	4.50%	0.6299
	2028	25,059,954	159,203,161	635.3%	15,105,772	95,965,327	635.3%	4.50%	0.6028
	2029	21,878,055	157,927,495	721.9%	12,619,876	91,097,008	721.9%	4.50%	0.5768
	2030	18,973,373	155,362,210	818.8%	10,473,085	85,758,163	818.8%	4.50%	0.5520
	2031	16,339,981	151,553,515	927.5%	8,631,084	80,053,404	927.5%	4.50%	0.5282
	2032	13,968,721	146,471,205	1048.6%	7,060,804	74,037,160	1048.6%	4.50%	0.5055
	2033	11,854,429	140,147,212	1182.2%	5,734,055	67,790,006	1182.2%	4.50%	0.4837
	2034	9,988,582	132,598,859	1327.5%	4,623,477	61,376,865	1327.5%	4.50%	0.4629
	2035	8,355,629	123,952,650	1483.5%	3,701,074	54,904,058	1483.5%	4.50%	0.4429
	2036	6,937,592	114,343,053	1648.2%	2,940,635	48,466,551	1648.2%	4.50%	0.4239
	2037	5,716,028	103,944,569	1818.5%	2,318,517	42,161,674	1818.5%	4.50%	0.4056
	2038	4,672,435	93,172,828	1994.1%	1,813,606	36,165,047	1994.1%	4.50%	0.3882
	2039	3,788,515	82,467,841	2176.8%	1,407,189	30,631,488	2176.8%	4.50%	0.3714
	2040	3,046,421	72,146,258	2368.2%	1,082,822	25,643,717	2368.2%	4.50%	0.3554
	2041	2,429,001	62,428,306	2570.1%	826,187	21,234,030	2570.1%	4.50%	0.3401
	2042	1,920,000	53,489,373	2785.9%	624,936	17,410,134	2785.9%	4.50%	0.3255
	2043	1,504,263	45,415,713	3019.1%	468,535	14,145,700	3019.1%	4.50%	0.3115
	2044	1,167,884	38,206,177	3271.4%	348,098	11,387,689	3271.4%	4.50%	0.2981
	2045	898,301	31,824,050	3542.7%	256,217	9,076,976	3542.7%	4.50%	0.2852
	2046	684,331	26,219,522	3831.4%	186,782	7,156,393	3831.4%	4.50%	0.2729
	2047	516,165	21,334,827	4133.3%	134,816	5,572,400	4133.3%	4.50%	0.2612
	2048	385,325	17,121,288	4443.3%	96,308	4,279,305	4443.3%	4.50%	0.2499
	2049	284,577	13,537,917	4757.2%	68,065	3,237,967	4757.2%	4.50%	0.2392
	2050	207,833	10,543,210	5072.9%	47,568	2,413,110	5072.9%	4.50%	0.2289
	2051	150,024	8,085,340	5389.4%	32,859	1,770,868	5389.4%	4.50%	0.2190
	2052	106,982	6,115,954	5716.8%	22,422	1,281,846	5716.8%	4.50%	0.2096
	2053	75,318	4,564,128	6059.8%	15,106	915,405	6059.8%	4.50%	0.2006
	2054	52,312	3,358,623	6420.4%	10,040	644,615	6420.4%	4.50%	0.1919
	2055	35,810	2,434,841	6799.3%	6,577	447,191	6799.3%	4.50%	0.1837
	2056	24,130	1,736,706	7197.2%	4,241	305,234	7197.2%	4.50%	0.1758
	Past	1,312,309,648	960,440,609	73.2%	2,183,900,730	1,347,127,800	61.7%		
	Future	703,469,630	3,509,515,490	498.9%	526,153,676	2,088,527,176	396.9%		
	Lifetime	2,015,779,278	4,469,956,099	221.7%	2,710,054,406	3,435,654,976	126.8%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	2,036	0	0.0%	5,985	0	0.0%	4.50%	2.9400
	1993	5,118,697	13,547	0.3%	14,400,986	38,112	0.3%	4.50%	2.8134
	1994	16,372,124	161,852	1.0%	44,077,968	435,746	1.0%	4.50%	2.6923
	1995	31,304,237	524,580	1.7%	80,649,814	1,351,489	1.7%	4.50%	2.5763
	1996	49,014,716	1,649,792	3.4%	120,839,925	4,067,366	3.4%	4.50%	2.4654
	1997	62,242,306	3,095,433	5.0%	146,843,030	7,302,795	5.0%	4.50%	2.3592
	1998	67,759,391	4,844,252	7.1%	152,975,142	10,936,493	7.1%	4.50%	2.2576
	1999	65,778,201	7,367,115	11.2%	142,107,524	15,915,949	11.2%	4.50%	2.1604
	2000	62,877,708	10,763,930	17.1%	129,991,661	22,253,056	17.1%	4.50%	2.0674
	2001	60,498,489	14,405,241	23.8%	119,687,013	28,498,567	23.8%	4.50%	1.9783
	2002	58,345,963	18,680,647	32.0%	110,457,961	35,365,363	32.0%	4.50%	1.8932
	2003	56,304,934	23,278,895	41.3%	102,003,806	42,172,784	41.3%	4.50%	1.8116
	2004	54,428,997	27,534,536	50.6%	94,359,138	47,734,392	50.6%	4.50%	1.7336
	2005	57,881,532	31,545,267	54.5%	96,023,462	52,332,508	54.5%	4.50%	1.6590
	2006	62,274,346	33,957,254	54.5%	98,862,190	53,908,048	54.5%	4.50%	1.5875
	2007	59,719,455	37,397,184	62.6%	90,723,667	56,812,468	62.6%	4.50%	1.5192
	2008	59,724,303	42,363,797	70.9%	86,823,953	61,586,191	70.9%	4.50%	1.4537
	2009	62,643,425	47,480,756	75.8%	87,146,044	66,052,583	75.8%	4.50%	1.3911
	2010	63,602,688	51,956,791	81.7%	84,670,351	69,166,883	81.7%	4.50%	1.3312
	2011	63,124,757	55,510,302	87.9%	80,415,416	70,715,268	87.9%	4.50%	1.2739
Projected Future Experience	2012	62,800,596	63,191,420	100.6%	76,557,382	77,033,818	100.6%	4.50%	1.2191
	2013	61,855,329	69,098,743	111.7%	72,157,941	80,607,818	111.7%	4.50%	1.1666
	2014	63,709,297	74,208,184	116.5%	71,120,293	82,840,465	116.5%	4.50%	1.1163
	2015	60,984,004	78,924,634	129.4%	65,146,393	84,311,538	129.4%	4.50%	1.0683
	2016	63,516,496	88,691,497	139.6%	64,929,891	90,665,097	139.6%	4.50%	1.0223
	2017	62,016,514	96,441,222	155.5%	60,666,537	94,341,887	155.5%	4.50%	0.9782
	2018	57,518,225	96,292,770	167.4%	53,843,221	90,140,351	167.4%	4.50%	0.9361
	2019	53,105,852	110,569,808	208.2%	47,572,027	99,048,028	208.2%	4.50%	0.8958
	2020	48,805,483	123,982,828	254.0%	41,837,102	106,280,728	254.0%	4.50%	0.8572
	2021	44,632,628	133,843,932	299.9%	36,612,481	109,793,184	299.9%	4.50%	0.8203
	2022	40,611,533	141,580,660	348.6%	31,879,374	111,138,450	348.6%	4.50%	0.7850
	2023	36,757,888	149,291,822	406.1%	27,611,797	112,145,055	406.1%	4.50%	0.7512
	2024	33,085,713	156,588,312	473.3%	23,783,093	112,560,798	473.3%	4.50%	0.7188
	2025	29,607,502	163,162,982	551.1%	20,366,354	112,236,254	551.1%	4.50%	0.6879
	2026	26,336,623	168,750,666	640.7%	17,336,257	111,081,244	640.7%	4.50%	0.6583
	2027	23,286,234	173,189,571	743.7%	14,668,247	109,093,955	743.7%	4.50%	0.6299
	2028	20,459,192	176,376,580	862.1%	12,332,501	106,317,212	862.1%	4.50%	0.6028
	2029	17,858,962	178,304,033	998.4%	10,301,550	102,850,767	998.4%	4.50%	0.5768
	2030	15,486,035	179,303,100	1157.8%	8,548,114	98,973,260	1157.8%	4.50%	0.5520
	2031	13,334,222	179,212,763	1344.0%	7,043,386	94,663,536	1344.0%	4.50%	0.5282
	2032	11,397,636	177,757,490	1559.6%	5,761,191	89,851,516	1559.6%	4.50%	0.5055
	2033	9,671,117	174,916,493	1808.6%	4,677,975	84,608,105	1808.6%	4.50%	0.4837
	2034	8,147,773	170,681,031	2094.8%	3,771,411	79,004,199	2094.8%	4.50%	0.4629
	2035	6,814,765	165,060,834	2422.1%	3,018,558	73,112,673	2422.1%	4.50%	0.4429
	2036	5,657,345	158,103,683	2794.7%	2,397,977	67,015,355	2794.7%	4.50%	0.4239
	2037	4,660,428	149,882,376	3216.1%	1,890,348	60,794,825	3216.1%	4.50%	0.4056
	2038	3,808,882	140,535,429	3689.7%	1,478,418	54,548,847	3689.7%	4.50%	0.3882
	2039	3,087,741	130,294,489	4219.7%	1,146,897	48,396,005	4219.7%	4.50%	0.3714
	2040	2,482,413	119,453,727	4812.0%	882,351	42,458,718	4812.0%	4.50%	0.3554
	2041	1,978,875	108,316,445	5473.6%	673,084	36,842,177	5473.6%	4.50%	0.3401
	2042	1,563,841	97,173,960	6213.8%	509,011	31,628,929	6213.8%	4.50%	0.3255
	2043	1,224,922	86,286,521	7044.2%	381,528	26,875,791	7044.2%	4.50%	0.3115
	2044	950,756	75,864,886	7979.4%	283,381	22,612,200	7979.4%	4.50%	0.2981
	2045	731,080	66,063,475	9036.4%	208,521	18,842,874	9036.4%	4.50%	0.2852
	2046	556,763	56,983,331	10234.8%	151,964	15,553,111	10234.8%	4.50%	0.2729
	2047	419,796	48,681,443	11596.5%	109,646	12,715,006	11596.5%	4.50%	0.2612
	2048	313,259	41,180,625	13145.9%	78,296	10,292,711	13145.9%	4.50%	0.2499
	2049	231,252	34,480,910	14910.5%	55,310	8,247,062	14910.5%	4.50%	0.2392
	2050	168,806	28,566,533	16922.7%	38,636	6,538,254	16922.7%	4.50%	0.2289
	2051	121,786	23,408,025	19220.6%	26,674	5,126,875	19220.6%	4.50%	0.2190
	2052	86,793	18,966,721	21852.8%	18,191	3,975,245	21852.8%	4.50%	0.2096
	2053	61,064	15,194,660	24883.1%	12,247	3,047,519	24883.1%	4.50%	0.2006
	2054	42,382	12,033,845	28394.0%	8,134	2,309,636	28394.0%	4.50%	0.1919
	2055	28,990	9,419,886	32493.7%	5,324	1,730,089	32493.7%	4.50%	0.1837
	2056	19,518	7,285,981	37329.8%	3,430	1,280,544	37329.8%	4.50%	0.1758
	Past	1,331,884,025	786,645,648	59.1%	2,232,976,935	1,062,104,798	47.6%		
	Future	587,130,589	4,343,483,847	739.8%	441,990,544	2,378,072,979	538.0%		
	Lifetime	1,919,014,615	5,130,129,495	267.3%	2,674,967,479	3,440,177,776	128.6%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience with 25.7% Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	2,036	0	0.0%	5,985	0	0.0%	4.50%	2.9400
	1993	5,118,697	13,547	0.3%	14,400,986	38,112	0.3%	4.50%	2.8134
	1994	16,372,124	161,852	1.0%	44,077,968	435,746	1.0%	4.50%	2.6923
	1995	31,304,237	524,580	1.7%	80,649,814	1,351,489	1.7%	4.50%	2.5763
	1996	49,014,716	1,649,792	3.4%	120,839,925	4,067,366	3.4%	4.50%	2.4654
	1997	62,242,306	3,095,433	5.0%	146,843,030	7,302,795	5.0%	4.50%	2.3592
	1998	67,759,391	4,844,252	7.1%	152,975,142	10,936,493	7.1%	4.50%	2.2576
	1999	65,778,201	7,367,115	11.2%	142,107,524	15,915,949	11.2%	4.50%	2.1604
	2000	62,877,708	10,763,930	17.1%	129,991,661	22,253,056	17.1%	4.50%	2.0674
	2001	60,498,489	14,405,241	23.8%	119,687,013	28,498,567	23.8%	4.50%	1.9783
	2002	58,345,963	18,680,647	32.0%	110,457,961	35,365,363	32.0%	4.50%	1.8932
	2003	56,304,934	23,278,895	41.3%	102,003,806	42,172,784	41.3%	4.50%	1.8116
	2004	54,428,997	27,534,536	50.6%	94,359,138	47,734,392	50.6%	4.50%	1.7336
	2005	57,881,532	31,545,267	54.5%	96,023,462	52,332,508	54.5%	4.50%	1.6590
	2006	62,274,346	33,957,254	54.5%	98,862,190	53,908,048	54.5%	4.50%	1.5875
	2007	59,719,455	37,397,184	62.6%	90,723,667	56,812,468	62.6%	4.50%	1.5192
	2008	59,724,303	42,363,797	70.9%	86,823,953	61,586,191	70.9%	4.50%	1.4537
	2009	62,643,425	47,480,756	75.8%	87,146,044	66,052,583	75.8%	4.50%	1.3911
	2010	63,602,688	51,956,791	81.7%	84,670,351	69,166,883	81.7%	4.50%	1.3312
	2011	63,124,757	55,510,302	87.9%	80,415,416	70,715,268	87.9%	4.50%	1.2739
Projected Future Experience	2012	62,800,596	63,191,420	100.6%	76,557,382	77,033,818	100.6%	4.50%	1.2191
	2013	61,855,329	69,098,743	111.7%	72,157,941	80,607,818	111.7%	4.50%	1.1666
	2014	63,709,297	74,208,184	116.5%	71,120,293	82,840,465	116.5%	4.50%	1.1163
	2015	60,984,004	78,924,634	129.4%	65,146,393	84,311,538	129.4%	4.50%	1.0683
	2016	63,516,496	88,691,497	139.6%	64,929,891	90,665,097	139.6%	4.50%	1.0223
	2017	65,111,434	96,437,340	148.1%	63,694,086	94,338,090	148.1%	4.50%	0.9782
	2018	69,008,252	96,276,058	139.5%	64,599,118	90,124,707	139.5%	4.50%	0.9361
	2019	64,762,524	110,657,944	170.9%	58,014,031	99,126,979	170.9%	4.50%	0.8958
	2020	59,518,521	123,834,841	208.1%	51,020,547	106,153,870	208.1%	4.50%	0.8572
	2021	54,429,959	133,071,281	244.5%	44,649,305	109,159,373	244.5%	4.50%	0.8203
	2022	49,526,411	139,925,639	282.5%	38,877,404	109,839,286	282.5%	4.50%	0.7850
	2023	44,827,016	146,772,933	327.4%	33,673,165	110,252,916	327.4%	4.50%	0.7512
	2024	40,348,878	153,367,814	380.1%	29,004,093	110,245,799	380.1%	4.50%	0.7188
	2025	36,107,240	159,394,635	441.4%	24,837,382	109,644,091	441.4%	4.50%	0.6879
	2026	32,118,413	164,554,434	512.3%	21,142,158	108,319,047	512.3%	4.50%	0.6583
	2027	28,398,446	168,650,018	593.9%	17,888,484	106,234,443	593.9%	4.50%	0.6299
	2028	24,950,832	171,561,697	687.6%	15,039,995	103,414,871	687.6%	4.50%	0.6028
	2029	21,779,800	173,279,089	795.6%	12,563,200	99,952,239	795.6%	4.50%	0.5768
	2030	18,885,954	174,132,266	922.0%	10,424,831	96,119,019	922.0%	4.50%	0.5520
	2031	16,261,751	173,958,796	1069.7%	8,589,761	91,888,293	1069.7%	4.50%	0.5282
	2032	13,900,015	172,481,966	1240.9%	7,026,075	87,184,883	1240.9%	4.50%	0.5055
	2033	11,794,457	169,677,020	1438.6%	5,705,046	82,073,742	1438.6%	4.50%	0.4837
	2034	9,936,672	165,530,396	1665.9%	4,599,450	76,620,092	1665.9%	4.50%	0.4629
	2035	8,311,005	160,047,889	1925.7%	3,681,308	70,892,220	1925.7%	4.50%	0.4429
	2036	6,899,473	153,274,483	2221.5%	2,924,477	64,968,404	2221.5%	4.50%	0.4239
	2037	5,683,680	145,280,604	2556.1%	2,305,397	58,928,269	2556.1%	4.50%	0.4056
	2038	4,645,173	136,200,489	2932.1%	1,803,025	52,866,240	2932.1%	4.50%	0.3882
	2039	3,765,700	126,258,483	3352.9%	1,398,715	46,896,889	3352.9%	4.50%	0.3714
	2040	3,027,466	115,739,376	3823.0%	1,076,085	41,138,487	3823.0%	4.50%	0.3554
	2041	2,413,372	104,936,690	4348.1%	820,871	35,692,605	4348.1%	4.50%	0.3401
	2042	1,907,211	94,132,246	4935.6%	620,774	30,638,889	4935.6%	4.50%	0.3255
	2043	1,493,878	83,577,720	5594.7%	465,300	26,032,077	5594.7%	4.50%	0.3115
	2044	1,159,514	73,476,837	6336.9%	345,603	21,900,421	6336.9%	4.50%	0.2981
	2045	891,605	63,978,768	7175.7%	254,307	18,248,266	7175.7%	4.50%	0.2852
	2046	679,012	55,181,006	8126.7%	185,331	15,061,182	8126.7%	4.50%	0.2729
	2047	511,972	47,138,404	9207.2%	133,721	12,311,983	9207.2%	4.50%	0.2612
	2048	382,043	39,872,754	10436.7%	95,488	9,965,821	10436.7%	4.50%	0.2499
	2049	282,029	33,383,816	11837.0%	67,455	7,984,662	11837.0%	4.50%	0.2392
	2050	205,871	27,656,085	13433.7%	47,119	6,329,873	13433.7%	4.50%	0.2289
	2051	148,527	22,660,824	15257.0%	32,531	4,963,222	15257.0%	4.50%	0.2190
	2052	105,851	18,360,419	17345.5%	22,185	3,848,170	17345.5%	4.50%	0.2096
	2053	74,473	14,708,292	19750.0%	14,937	2,949,970	19750.0%	4.50%	0.2006
	2054	51,688	11,648,177	22535.6%	9,920	2,235,615	22535.6%	4.50%	0.1919
	2055	35,355	9,117,645	25788.5%	6,494	1,674,579	25788.5%	4.50%	0.1837
	2056	23,804	7,051,958	29625.5%	4,184	1,239,414	29625.5%	4.50%	0.1758
	Past	1,331,884,025	786,645,648	59.1%	2,232,976,935	1,062,104,798	47.6%		
	Future	704,365,276	4,237,247,135	601.6%	527,663,357	2,327,458,996	441.1%		
	Lifetime	2,036,249,301	5,023,892,783	246.7%	2,760,640,292	3,389,563,794	122.8%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience Before Premium Rate Increase
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	2.9400
	1993	198,507	1,805	0.9%	558,481	5,080	0.9%	4.50%	2.8134
	1994	1,039,352	126,983	12.2%	2,798,202	341,872	12.2%	4.50%	2.6923
	1995	2,154,804	71,906	3.3%	5,551,470	185,252	3.3%	4.50%	2.5763
	1996	3,422,719	359,618	10.5%	8,438,304	886,596	10.5%	4.50%	2.4654
	1997	4,629,205	717,643	15.5%	10,921,294	1,693,074	15.5%	4.50%	2.3592
	1998	5,230,269	1,138,552	21.8%	11,807,974	2,570,422	21.8%	4.50%	2.2576
	1999	4,947,619	1,096,744	22.2%	10,688,859	2,369,410	22.2%	4.50%	2.1604
	2000	4,735,144	1,469,516	31.0%	9,789,307	3,038,037	31.0%	4.50%	2.0674
	2001	4,566,222	1,900,976	41.6%	9,033,572	3,760,790	41.6%	4.50%	1.9783
	2002	4,435,343	1,965,398	44.3%	8,396,793	3,720,804	44.3%	4.50%	1.8932
	2003	4,281,227	3,057,709	71.4%	7,756,007	5,539,443	71.4%	4.50%	1.8116
	2004	4,139,772	2,442,583	59.0%	7,176,788	4,234,509	59.0%	4.50%	1.7336
	2005	4,195,755	2,440,334	58.2%	6,960,613	4,048,430	58.2%	4.50%	1.6590
	2006	4,613,183	3,491,773	75.7%	7,323,551	5,543,282	75.7%	4.50%	1.5875
	2007	4,414,847	2,032,465	46.0%	6,706,878	3,087,649	46.0%	4.50%	1.5192
	2008	4,293,079	3,279,890	76.4%	6,241,045	4,768,126	76.4%	4.50%	1.4537
	2009	4,530,380	4,188,773	92.5%	6,302,412	5,827,188	92.5%	4.50%	1.3911
	2010	4,687,514	2,579,255	55.0%	6,240,199	3,433,604	55.0%	4.50%	1.3312
	2011	4,589,405	5,074,944	110.6%	5,846,500	6,465,035	110.6%	4.50%	1.2739
Projected Future Experience	2012	4,669,961	5,563,385	119.1%	5,692,940	6,782,072	119.1%	4.50%	1.2191
	2013	4,508,740	9,472,471	210.1%	5,259,715	11,050,204	210.1%	4.50%	1.1666
	2014	4,720,500	5,564,098	117.9%	5,269,614	6,211,343	117.9%	4.50%	1.1163
	2015	4,514,561	8,050,517	178.3%	4,822,697	8,599,995	178.3%	4.50%	1.0683
	2016	4,566,778	6,927,713	151.7%	4,668,400	7,081,871	151.7%	4.50%	1.0223
	2017	4,478,657	8,084,371	180.5%	4,381,166	7,908,390	180.5%	4.50%	0.9782
	2018	4,145,190	8,593,430	207.3%	3,880,342	8,044,371	207.3%	4.50%	0.9361
	2019	3,817,710	9,125,032	239.0%	3,419,890	8,174,170	239.0%	4.50%	0.8958
	2020	3,498,478	9,659,624	276.1%	2,998,970	8,280,436	276.1%	4.50%	0.8572
	2021	3,188,629	10,160,798	318.7%	2,615,656	8,334,979	318.7%	4.50%	0.8203
	2022	2,889,788	10,624,280	367.6%	2,268,435	8,339,882	367.6%	4.50%	0.7850
	2023	2,603,388	11,020,669	423.3%	1,955,614	8,278,508	423.3%	4.50%	0.7512
	2024	2,330,382	11,333,517	486.3%	1,675,155	8,146,903	486.3%	4.50%	0.7188
	2025	2,072,168	11,535,481	556.7%	1,425,399	7,935,006	556.7%	4.50%	0.6879
	2026	1,830,187	11,618,870	634.8%	1,204,733	7,648,198	634.8%	4.50%	0.6583
	2027	1,605,581	11,605,005	722.8%	1,011,372	7,310,116	722.8%	4.50%	0.6299
	2028	1,398,767	11,497,446	822.0%	843,156	6,930,491	822.0%	4.50%	0.6028
	2029	1,209,839	11,287,619	933.0%	697,869	6,511,015	933.0%	4.50%	0.5768
	2030	1,038,951	10,986,931	1057.5%	573,489	6,064,660	1057.5%	4.50%	0.5520
	2031	885,450	10,601,342	1197.3%	467,711	5,599,827	1197.3%	4.50%	0.5282
Projected Future Experience	2032	748,584	10,123,732	1352.4%	378,389	5,117,268	1352.4%	4.50%	0.5055
	2033	628,032	9,554,481	1521.3%	303,783	4,621,557	1521.3%	4.50%	0.4837
	2034	522,955	8,896,415	1701.2%	242,063	4,117,939	1701.2%	4.50%	0.4629
	2035	432,128	8,170,419	1890.7%	191,408	3,619,036	1890.7%	4.50%	0.4429
	2036	354,281	7,387,514	2085.2%	150,169	3,131,343	2085.2%	4.50%	0.4239
	2037	288,139	6,576,873	2282.5%	116,874	2,667,691	2282.5%	4.50%	0.4056
	2038	232,446	5,775,516	2484.7%	90,224	2,241,767	2484.7%	4.50%	0.3882
	2039	185,981	5,014,685	2696.3%	69,080	1,862,632	2696.3%	4.50%	0.3714
	2040	147,576	4,307,934	2919.1%	52,455	1,531,215	2919.1%	4.50%	0.3554
	2041	116,133	3,662,135	3153.4%	39,501	1,245,619	3153.4%	4.50%	0.3401
	2042	90,630	3,086,096	3405.2%	29,499	1,004,486	3405.2%	4.50%	0.3255
	2043	70,138	2,581,967	3681.2%	21,846	804,209	3681.2%	4.50%	0.3115
	2044	53,825	2,144,257	3983.8%	16,043	639,115	3983.8%	4.50%	0.2981
	2045	40,956	1,767,963	4316.7%	11,682	504,265	4316.7%	4.50%	0.2852
	2046	30,898	1,446,800	4682.6%	8,433	394,892	4682.6%	4.50%	0.2729
	2047	23,106	1,173,241	5077.6%	6,035	306,436	5077.6%	4.50%	0.2612
	2048	17,126	940,417	5491.1%	4,281	235,048	5491.1%	4.50%	0.2499
	2049	12,579	745,575	5927.2%	3,009	178,325	5927.2%	4.50%	0.2392
	2050	9,153	582,192	6360.5%	2,095	133,251	6360.5%	4.50%	0.2289
	2051	6,597	447,633	6785.3%	1,445	98,042	6785.3%	4.50%	0.2190
Past Future Lifetime	2052	4,708	340,288	7227.7%	987	71,321	7227.7%	4.50%	0.2096
	2053	3,325	255,875	7694.4%	667	51,320	7694.4%	4.50%	0.2006
Past Future Lifetime	2054	2,323	190,174	8185.8%	446	36,500	8185.8%	4.50%	0.1919
	2055	1,604	139,564	8701.7%	295	25,633	8701.7%	4.50%	0.1837
	2056	1,093	100,989	9241.9%	192	17,749	9241.9%	4.50%	0.1758
Past Future Lifetime	Past	98,084,886	73,015,053	74.4%	164,251,615	101,244,088	61.6%		
	Future	41,017,480	243,147,151	592.8%	31,159,855	148,163,614	475.5%		
	Lifetime	139,102,366	316,162,204	227.3%	195,411,471	249,407,702	127.6%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience with 25.7% Premium Rate Increase
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	2.9400
	1993	198,507	1,805	0.9%	558,481	5,080	0.9%	4.50%	2.8134
	1994	1,039,352	126,983	12.2%	2,798,202	341,872	12.2%	4.50%	2.6923
	1995	2,154,804	71,906	3.3%	5,551,470	185,252	3.3%	4.50%	2.5763
	1996	3,422,719	359,618	10.5%	8,438,304	886,596	10.5%	4.50%	2.4654
	1997	4,629,205	717,643	15.5%	10,921,294	1,693,074	15.5%	4.50%	2.3592
	1998	5,230,269	1,138,552	21.8%	11,807,974	2,570,422	21.8%	4.50%	2.2576
	1999	4,947,619	1,096,744	22.2%	10,688,859	2,369,410	22.2%	4.50%	2.1604
	2000	4,735,144	1,469,516	31.0%	9,789,307	3,038,037	31.0%	4.50%	2.0674
	2001	4,566,222	1,900,976	41.6%	9,033,572	3,760,790	41.6%	4.50%	1.9783
	2002	4,435,343	1,965,398	44.3%	8,396,793	3,720,804	44.3%	4.50%	1.8932
	2003	4,281,227	3,057,709	71.4%	7,756,007	5,539,443	71.4%	4.50%	1.8116
	2004	4,139,772	2,442,583	59.0%	7,176,788	4,234,509	59.0%	4.50%	1.7336
	2005	4,195,755	2,440,334	58.2%	6,960,613	4,048,430	58.2%	4.50%	1.6590
	2006	4,613,183	3,491,773	75.7%	7,323,551	5,543,282	75.7%	4.50%	1.5875
	2007	4,414,847	2,032,465	46.0%	6,706,878	3,087,649	46.0%	4.50%	1.5192
	2008	4,293,079	3,279,890	76.4%	6,241,045	4,768,126	76.4%	4.50%	1.4537
	2009	4,530,380	4,188,773	92.5%	6,302,412	5,827,188	92.5%	4.50%	1.3911
	2010	4,687,514	2,579,255	55.0%	6,240,199	3,433,604	55.0%	4.50%	1.3312
	2011	4,589,405	5,074,944	110.6%	5,846,500	6,465,035	110.6%	4.50%	1.2739
Projected Future Experience	2012	4,669,961	5,563,385	119.1%	5,692,940	6,782,072	119.1%	4.50%	1.2191
	2013	4,508,740	9,472,471	210.1%	5,259,715	11,050,204	210.1%	4.50%	1.1666
	2014	4,720,500	5,564,098	117.9%	5,269,614	6,211,343	117.9%	4.50%	1.1163
	2015	4,514,561	8,050,517	178.3%	4,822,697	8,599,995	178.3%	4.50%	1.0683
	2016	4,566,778	6,927,713	151.7%	4,668,400	7,081,871	151.7%	4.50%	1.0223
	2017	4,546,987	8,074,658	177.6%	4,448,008	7,898,888	177.6%	4.50%	0.9782
	2018	4,877,104	8,619,226	176.7%	4,565,492	8,068,519	176.7%	4.50%	0.9361
	2019	4,655,780	9,108,482	195.6%	4,170,631	8,159,345	195.6%	4.50%	0.8958
	2020	4,266,489	9,543,089	223.7%	3,657,326	8,180,540	223.7%	4.50%	0.8572
	2021	3,888,636	9,937,608	255.6%	3,189,878	8,151,895	255.6%	4.50%	0.8203
	2022	3,524,205	10,339,336	293.4%	2,766,442	8,116,206	293.4%	4.50%	0.7850
	2023	3,174,943	10,712,892	337.4%	2,384,954	8,047,312	337.4%	4.50%	0.7512
	2024	2,842,012	11,012,726	387.5%	2,042,931	7,916,308	387.5%	4.50%	0.7188
	2025	2,527,115	11,204,953	443.4%	1,738,348	7,707,643	443.4%	4.50%	0.6879
	2026	2,232,014	11,282,194	505.5%	1,469,238	7,426,579	505.5%	4.50%	0.6583
	2027	1,958,100	11,265,223	575.3%	1,233,428	7,096,084	575.3%	4.50%	0.6299
	2028	1,705,882	11,157,579	654.1%	1,028,281	6,725,625	654.1%	4.50%	0.6028
	2029	1,475,477	10,951,023	742.2%	851,096	6,316,857	742.2%	4.50%	0.5768
	2030	1,267,070	10,656,688	841.0%	699,408	5,882,370	841.0%	4.50%	0.5520
	2031	1,079,867	10,280,378	952.0%	570,406	5,430,288	952.0%	4.50%	0.5282
	2032	912,951	9,815,224	1075.1%	461,472	4,961,325	1075.1%	4.50%	0.5055
	2033	765,930	9,261,614	1209.2%	370,485	4,479,896	1209.2%	4.50%	0.4837
	2034	637,781	8,622,297	1351.9%	295,214	3,991,057	1351.9%	4.50%	0.4629
	2035	527,012	7,917,493	1502.3%	233,437	3,507,005	1502.3%	4.50%	0.4429
	2036	432,071	7,157,868	1656.6%	183,142	3,034,003	1656.6%	4.50%	0.4239
	2037	351,407	6,371,659	1813.2%	142,536	2,584,453	1813.2%	4.50%	0.4056
	2038	283,485	5,594,686	1973.5%	110,035	2,171,578	1973.5%	4.50%	0.3882
	2039	226,817	4,857,177	2141.4%	84,248	1,804,128	2141.4%	4.50%	0.3714
	2040	179,981	4,172,228	2318.2%	63,972	1,482,980	2318.2%	4.50%	0.3554
	2041	141,633	3,546,462	2504.0%	48,174	1,206,275	2504.0%	4.50%	0.3401
	2042	110,530	2,988,376	2703.7%	35,976	972,680	2703.7%	4.50%	0.3255
	2043	85,539	2,500,020	2922.7%	26,643	778,685	2922.7%	4.50%	0.3115
	2044	65,643	2,076,056	3162.6%	19,566	618,787	3162.6%	4.50%	0.2981
	2045	49,949	1,711,618	3426.7%	14,247	488,194	3426.7%	4.50%	0.2852
	2046	37,682	1,400,605	3716.9%	10,285	382,283	3716.9%	4.50%	0.2729
	2047	28,180	1,135,716	4030.2%	7,360	296,635	4030.2%	4.50%	0.2612
	2048	20,887	910,292	4358.2%	5,220	227,519	4358.2%	4.50%	0.2499
	2049	15,341	721,658	4704.2%	3,669	172,604	4704.2%	4.50%	0.2392
	2050	11,163	563,491	5047.8%	2,555	128,971	5047.8%	4.50%	0.2289
	2051	8,046	433,237	5384.7%	1,762	94,889	5384.7%	4.50%	0.2190
	2052	5,742	329,332	5735.6%	1,203	69,025	5735.6%	4.50%	0.2096
	2053	4,056	247,628	6105.7%	813	49,666	6105.7%	4.50%	0.2006
	2054	2,833	184,039	6495.4%	544	35,322	6495.4%	4.50%	0.1919
	2055	1,956	135,057	6904.6%	359	24,805	6904.6%	4.50%	0.1837
	2056	1,333	97,726	7333.1%	234	17,176	7333.1%	4.50%	0.1758
	Past	98,084,886	73,015,053	74.4%	164,251,615	101,244,088	61.6%		
	Future	48,929,628	236,897,614	484.2%	36,939,017	144,704,397	391.7%		
	Lifetime	147,014,514	309,912,667	210.8%	201,190,632	245,948,485	122.2%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience Before Premium Rate Increase
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	2.9400
	1993	427,738	1,809	0.4%	1,203,403	5,089	0.4%	4.50%	2.8134
	1994	1,377,312	12,506	0.9%	3,708,079	33,670	0.9%	4.50%	2.6923
	1995	2,534,516	54,866	2.2%	6,529,730	141,353	2.2%	4.50%	2.5763
	1996	3,886,723	106,254	2.7%	9,582,250	261,958	2.7%	4.50%	2.4654
	1997	4,920,926	244,529	5.0%	11,609,526	576,896	5.0%	4.50%	2.3592
	1998	5,169,471	464,909	9.0%	11,670,716	1,049,589	9.0%	4.50%	2.2576
	1999	4,869,701	752,271	15.4%	10,520,523	1,625,210	15.4%	4.50%	2.1604
	2000	4,674,344	916,902	19.6%	9,663,612	1,895,578	19.6%	4.50%	2.0674
	2001	4,522,695	1,232,861	27.3%	8,947,461	2,439,027	27.3%	4.50%	1.9783
	2002	4,390,835	1,521,628	34.7%	8,312,532	2,880,677	34.7%	4.50%	1.8932
	2003	4,238,903	1,708,154	40.3%	7,679,332	3,094,546	40.3%	4.50%	1.8116
	2004	4,069,016	2,133,858	52.4%	7,054,123	3,699,296	52.4%	4.50%	1.7336
	2005	4,418,511	2,728,800	61.8%	7,330,157	4,526,984	61.8%	4.50%	1.6590
	2006	4,545,641	2,737,830	60.2%	7,216,327	4,346,378	60.2%	4.50%	1.5875
	2007	4,338,501	2,569,947	59.2%	6,590,897	3,904,173	59.2%	4.50%	1.5192
	2008	4,365,533	2,632,002	60.3%	6,346,376	3,826,262	60.3%	4.50%	1.4537
	2009	4,588,420	3,214,823	70.1%	6,383,154	4,472,283	70.1%	4.50%	1.3911
	2010	4,650,577	3,383,414	72.8%	6,191,028	4,504,132	72.8%	4.50%	1.3312
	2011	4,621,370	3,243,667	70.2%	5,887,221	4,132,148	70.2%	4.50%	1.2739
Projected Future Experience	2012	4,610,576	4,260,495	92.4%	5,620,546	5,193,778	92.4%	4.50%	1.2191
	2013	4,543,803	5,187,599	114.2%	5,300,618	6,051,645	114.2%	4.50%	1.1666
	2014	4,685,602	5,853,317	124.9%	5,230,656	6,534,205	124.9%	4.50%	1.1163
	2015	4,460,304	6,089,263	136.5%	4,764,736	6,504,878	136.5%	4.50%	1.0683
	2016	4,620,029	7,209,534	156.0%	4,722,835	7,369,963	156.0%	4.50%	1.0223
	2017	4,471,383	7,365,368	164.7%	4,374,050	7,205,039	164.7%	4.50%	0.9782
	2018	4,137,161	7,401,278	178.9%	3,872,826	6,928,390	178.9%	4.50%	0.9361
	2019	3,809,498	8,412,256	220.8%	3,412,534	7,535,668	220.8%	4.50%	0.8958
	2020	3,490,088	9,366,652	268.4%	2,991,778	8,029,294	268.4%	4.50%	0.8572
	2021	3,180,053	10,053,408	316.1%	2,608,621	8,246,886	316.1%	4.50%	0.8203
	2022	2,881,392	10,549,848	366.1%	2,261,844	8,281,454	366.1%	4.50%	0.7850
	2023	2,595,169	11,063,360	426.3%	1,949,440	8,310,576	426.3%	4.50%	0.7512
	2024	2,322,253	11,552,017	497.4%	1,669,311	8,303,968	497.4%	4.50%	0.7188
	2025	2,064,326	11,960,327	579.4%	1,420,005	8,227,248	579.4%	4.50%	0.6879
	2026	1,822,735	12,271,488	673.2%	1,199,827	8,077,788	673.2%	4.50%	0.6583
	2027	1,598,600	12,496,952	781.7%	1,006,975	7,871,963	781.7%	4.50%	0.6299
	2028	1,392,317	12,617,093	906.2%	839,268	7,605,398	906.2%	4.50%	0.6028
	2029	1,204,049	12,639,361	1049.7%	694,529	7,290,738	1049.7%	4.50%	0.5768
	2030	1,033,811	12,587,503	1217.6%	570,652	6,948,158	1217.6%	4.50%	0.5520
	2031	880,887	12,452,566	1413.6%	465,301	6,577,679	1413.6%	4.50%	0.5282
	2032	744,592	12,218,599	1641.0%	376,371	6,176,165	1641.0%	4.50%	0.5055
	2033	624,582	11,886,849	1903.2%	302,114	5,749,737	1903.2%	4.50%	0.4837
	2034	520,001	11,458,781	2203.6%	240,696	5,303,998	2203.6%	4.50%	0.4629
	2035	429,615	10,937,457	2545.9%	190,295	4,844,679	2545.9%	4.50%	0.4429
	2036	352,156	10,329,494	2933.2%	149,268	4,378,359	2933.2%	4.50%	0.4239
	2037	286,353	9,643,361	3367.7%	116,149	3,911,510	3367.7%	4.50%	0.4056
	2038	230,952	8,894,671	3851.3%	89,644	3,452,468	3851.3%	4.50%	0.3882
	2039	184,738	8,106,457	4388.1%	68,618	3,011,026	4388.1%	4.50%	0.3714
	2040	146,546	7,303,025	4983.4%	52,088	2,595,793	4983.4%	4.50%	0.3554
	2041	115,282	6,506,510	5644.0%	39,211	2,213,090	5644.0%	4.50%	0.3401
	2042	89,930	5,735,770	6378.1%	29,271	1,866,923	6378.1%	4.50%	0.3255
	2043	69,563	5,006,541	7197.1%	21,667	1,559,395	7197.1%	4.50%	0.3115
	2044	53,354	4,330,004	8115.7%	15,903	1,290,596	8115.7%	4.50%	0.2981
	2045	40,572	3,712,825	9151.3%	11,572	1,058,986	9151.3%	4.50%	0.2852
	2046	30,584	3,157,942	10325.4%	8,348	861,933	10325.4%	4.50%	0.2729
	2047	22,852	2,665,120	11662.4%	5,969	696,097	11662.4%	4.50%	0.2612
	2048	16,921	2,231,681	13188.6%	4,229	557,788	13188.6%	4.50%	0.2499
	2049	12,415	1,853,782	14932.3%	2,969	443,383	14932.3%	4.50%	0.2392
	2050	9,023	1,527,062	16924.8%	2,065	349,511	16924.8%	4.50%	0.2289
	2051	6,494	1,246,552	19194.3%	1,422	273,022	19194.3%	4.50%	0.2190
	2052	4,628	1,008,004	21779.5%	970	211,268	21779.5%	4.50%	0.2096
	2053	3,264	807,348	24734.1%	655	161,926	24734.1%	4.50%	0.2006
	2054	2,277	640,383	28127.0%	437	122,908	28127.0%	4.50%	0.1919
	2055	1,569	502,913	32048.8%	288	92,367	32048.8%	4.50%	0.1837
	2056	1,067	390,906	36625.2%	188	68,704	36625.2%	4.50%	0.1758
	Past	99,531,050	58,261,239	58.5%	168,065,839	79,069,719	47.0%		
	Future	40,883,049	294,891,515	721.3%	31,067,369	166,691,877	536.5%		
	Lifetime	140,414,099	353,152,754	251.5%	199,133,209	245,761,596	123.4%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience with 25.7% Premium Rate Increase
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1992	0	0	0.0%	0	0	0.0%	4.50%	2.9400
	1993	427,738	1,809	0.4%	1,203,403	5,089	0.4%	4.50%	2.8134
	1994	1,377,312	12,506	0.9%	3,708,079	33,670	0.9%	4.50%	2.6923
	1995	2,534,516	54,866	2.2%	6,529,730	141,353	2.2%	4.50%	2.5763
	1996	3,886,723	106,254	2.7%	9,582,250	261,958	2.7%	4.50%	2.4654
	1997	4,920,926	244,529	5.0%	11,609,526	576,896	5.0%	4.50%	2.3592
	1998	5,169,471	464,909	9.0%	11,670,716	1,049,589	9.0%	4.50%	2.2576
	1999	4,869,701	752,271	15.4%	10,520,523	1,625,210	15.4%	4.50%	2.1604
	2000	4,674,344	916,902	19.6%	9,663,612	1,895,578	19.6%	4.50%	2.0674
	2001	4,522,695	1,232,861	27.3%	8,947,461	2,439,027	27.3%	4.50%	1.9783
	2002	4,390,835	1,521,628	34.7%	8,312,532	2,880,677	34.7%	4.50%	1.8932
	2003	4,238,903	1,708,154	40.3%	7,679,332	3,094,546	40.3%	4.50%	1.8116
	2004	4,069,016	2,133,858	52.4%	7,054,123	3,699,296	52.4%	4.50%	1.7336
	2005	4,418,511	2,728,800	61.8%	7,330,157	4,526,984	61.8%	4.50%	1.6590
	2006	4,545,641	2,737,830	60.2%	7,216,327	4,346,378	60.2%	4.50%	1.5875
	2007	4,338,501	2,569,947	59.2%	6,590,897	3,904,173	59.2%	4.50%	1.5192
	2008	4,365,533	2,632,002	60.3%	6,346,376	3,826,262	60.3%	4.50%	1.4537
	2009	4,588,420	3,214,823	70.1%	6,383,154	4,472,283	70.1%	4.50%	1.3911
	2010	4,650,577	3,383,414	72.8%	6,191,028	4,504,132	72.8%	4.50%	1.3312
	2011	4,621,370	3,243,667	70.2%	5,887,221	4,132,148	70.2%	4.50%	1.2739
Projected Future Experience	2012	4,610,576	4,260,495	92.4%	5,620,546	5,193,778	92.4%	4.50%	1.2191
	2013	4,543,803	5,187,599	114.2%	5,300,618	6,051,645	114.2%	4.50%	1.1666
	2014	4,685,602	5,853,317	124.9%	5,230,656	6,534,205	124.9%	4.50%	1.1163
	2015	4,460,304	6,089,263	136.5%	4,764,736	6,504,878	136.5%	4.50%	1.0683
	2016	4,620,029	7,209,534	156.0%	4,722,835	7,369,963	156.0%	4.50%	1.0223
	2017	4,694,421	7,365,008	156.9%	4,592,232	7,204,687	156.9%	4.50%	0.9782
	2018	4,969,712	7,399,431	148.9%	4,652,183	6,926,661	148.9%	4.50%	0.9361
	2019	4,645,576	8,417,306	181.2%	4,161,490	7,540,192	181.2%	4.50%	0.8958
	2020	4,256,089	9,353,246	219.8%	3,648,411	8,017,802	219.8%	4.50%	0.8572
	2021	3,878,029	9,992,719	257.7%	3,181,177	8,197,102	257.7%	4.50%	0.8203
	2022	3,513,835	10,423,281	296.6%	2,758,301	8,182,101	296.6%	4.50%	0.7850
	2023	3,164,804	10,872,827	343.6%	2,377,338	8,167,452	343.6%	4.50%	0.7512
	2024	2,831,996	11,310,647	399.4%	2,035,732	8,130,463	399.4%	4.50%	0.7188
	2025	2,517,465	11,680,576	464.0%	1,731,709	8,034,813	464.0%	4.50%	0.6879
	2026	2,222,851	11,963,214	538.2%	1,463,206	7,874,865	538.2%	4.50%	0.6583
	2027	1,949,523	12,167,038	624.1%	1,228,026	7,664,147	624.1%	4.50%	0.6299
	2028	1,697,962	12,270,975	722.7%	1,023,507	7,396,763	722.7%	4.50%	0.6028
	2029	1,468,370	12,282,075	836.4%	846,997	7,084,645	836.4%	4.50%	0.5768
	2030	1,260,764	12,223,889	969.6%	695,927	6,747,447	969.6%	4.50%	0.5520
	2031	1,074,272	12,087,212	1125.2%	567,450	6,384,692	1125.2%	4.50%	0.5282
	2032	908,057	11,855,890	1305.6%	458,998	5,992,826	1305.6%	4.50%	0.5055
	2033	761,703	11,530,836	1513.8%	368,440	5,577,531	1513.8%	4.50%	0.4837
	2034	634,163	11,113,132	1752.4%	293,539	5,144,005	1752.4%	4.50%	0.4629
	2035	523,935	10,605,500	2024.2%	232,074	4,697,640	2024.2%	4.50%	0.4429
	2036	429,471	10,014,257	2331.8%	182,040	4,244,740	2331.8%	4.50%	0.4239
	2037	349,221	9,347,598	2676.7%	141,650	3,791,544	2676.7%	4.50%	0.4056
	2038	281,658	8,620,644	3060.7%	109,325	3,346,104	3060.7%	4.50%	0.3882
	2039	225,297	7,855,694	3486.8%	83,683	2,917,884	3486.8%	4.50%	0.3714
	2040	178,721	7,076,273	3959.4%	63,525	2,515,196	3959.4%	4.50%	0.3554
	2041	140,593	6,303,799	4483.7%	47,820	2,144,140	4483.7%	4.50%	0.3401
	2042	109,674	5,556,508	5066.4%	35,698	1,808,575	5066.4%	4.50%	0.3255
	2043	84,836	4,849,612	5716.4%	26,424	1,510,516	5716.4%	4.50%	0.3115
	2044	65,068	4,193,910	6445.4%	19,394	1,250,032	6445.4%	4.50%	0.2981
	2045	49,479	3,595,831	7267.3%	14,113	1,025,616	7267.3%	4.50%	0.2852
	2046	37,299	3,058,193	8199.0%	10,181	834,707	8199.0%	4.50%	0.2729
	2047	27,870	2,580,748	9260.0%	7,279	674,060	9260.0%	4.50%	0.2612
	2048	20,637	2,160,881	10471.1%	5,158	540,092	10471.1%	4.50%	0.2499
	2049	15,140	1,794,855	11854.8%	3,621	429,289	11854.8%	4.50%	0.2392
	2050	11,004	1,478,431	13435.8%	2,519	338,381	13435.8%	4.50%	0.2289
	2051	7,920	1,206,787	15236.5%	1,735	264,313	15236.5%	4.50%	0.2190
	2052	5,644	975,799	17287.8%	1,183	204,518	17287.8%	4.50%	0.2096
	2053	3,981	781,516	19632.1%	798	156,745	19632.1%	4.50%	0.2006
	2054	2,777	619,865	22324.1%	533	118,970	22324.1%	4.50%	0.1919
	2055	1,914	486,780	25435.7%	351	89,404	25435.7%	4.50%	0.1837
	2056	1,302	378,352	29066.7%	229	66,497	29066.7%	4.50%	0.1758
	Past	99,531,050	58,261,239	58.5%	168,065,839	79,069,719	47.0%		
	Future	49,023,033	287,851,136	587.2%	37,073,996	163,237,158	440.3%		
	Lifetime	148,554,083	346,112,375	233.0%	205,139,835	242,306,877	118.1%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balance as of December 31, 2016

	Nationwide Form 30225		Pennsylvania Forms 30225-PA, 30225-PA1, 30225A-PA1	
Incurred Year	Claim Reserve ¹	Active Life Reserve ²	Claim Reserve ¹	Active Life Reserve ²
1992	0		0	
1993	0		0	
1994	0		0	
1995	98,416		0	
1996	0		0	
1997	0		0	
1998	0		0	
1999	35,616		0	
2000	0		0	
2001	199,518		0	
2002	702,904		0	
2003	462,444		60,784	
2004	106,220		0	
2005	164,843		0	
2006	1,471,649		179,629	
2007	2,359,691		0	
2008	2,354,407		66,941	
2009	3,882,040		387,933	
2010	5,206,468		67,223	
2011	10,025,106		383,261	
2012	14,141,466		1,078,770	
2013	21,103,654		3,356,546	
2014	35,302,012		2,343,318	
2015	59,533,699		5,231,948	
2016	90,856,364	1,520,899,861	6,364,947	105,210,999

¹ Claim reserve is the sum of disabled life reserve and incurred but not reported reserve (IBNR). Disabled life reserve is discounted to the original loss date using 4.50%, and IBNR is allocated to calendar years 2013 through 2016 then discounted to the time it is assumed to incur at 4.50%.

² Active Life Reserve is defined as "midterminal" and includes an unearned premium reserve.

Attachment 8
RiverSource Life Insurance Company
Nationwide Experience Before Premium Rate Increase
Adjusted for Cumulative Prior Approved Premium Rate Increases on a Nationwide Basis
Policy Form: 30225

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	78,354,233	3,107,808	4.0%
2	73,522,692	6,948,746	9.5%
3	69,551,026	12,360,333	17.8%
4	66,242,514	18,320,789	27.7%
5	63,585,272	22,076,874	34.7%
6	61,255,922	22,067,195	36.0%
7	59,044,279	29,820,847	50.5%
8	57,557,104	29,270,138	50.9%
9	57,674,921	37,161,120	64.4%
10	58,641,860	39,358,571	67.1%
11	59,642,156	40,484,863	67.9%
12	60,792,793	48,597,361	79.9%
13	62,400,288	45,753,513	73.3%
14	62,806,021	53,139,136	84.6%
15	63,356,046	62,338,298	98.4%
16	63,824,785	63,628,378	99.7%
17	64,032,109	69,403,615	108.4%
18	63,861,248	73,521,861	115.1%
19	63,328,583	85,876,100	135.6%
20	63,043,302	99,862,376	158.4%
21	61,602,766	101,281,420	164.4%
22	59,441,585	114,426,578	192.5%
23	56,151,888	118,023,179	210.2%
24	52,497,554	128,982,557	245.7%
25	48,291,106	135,944,203	281.5%
26	44,057,137	143,097,412	324.8%
27	40,001,345	149,981,544	374.9%
28	36,100,370	156,157,620	432.6%
29	32,383,444	161,406,842	498.4%
30	28,867,183	165,438,688	573.1%
31	25,575,068	168,372,621	658.3%
32	22,498,311	169,580,774	753.7%
33	19,657,657	169,089,495	860.2%
34	17,074,267	167,480,968	980.9%
35	14,711,014	164,329,432	1117.1%
36	12,565,894	159,568,285	1269.9%
37	10,655,532	153,564,060	1441.2%
38	8,968,087	146,353,882	1631.9%
39	7,489,060	137,794,928	1839.9%
40	6,203,241	128,125,096	2065.5%
41	5,094,938	116,539,191	2287.4%
42	4,148,249	104,379,130	2516.2%
43	3,347,169	92,138,630	2752.7%
44	2,675,884	80,158,299	2995.6%
45	2,119,001	68,869,295	3250.1%
46	1,661,772	58,560,864	3524.0%
47	1,290,300	49,295,161	3820.4%
48	991,714	41,070,273	4141.3%
49	754,298	33,844,641	4486.9%
50	567,570	27,551,562	4854.3%
51	422,331	22,117,092	5236.9%
52	310,642	17,495,404	5632.0%
53	225,762	13,615,408	6030.9%
54	162,041	10,413,105	6426.2%
55	114,812	7,852,738	6839.7%
56	80,269	5,840,859	7276.6%
57	55,350	4,282,881	7737.8%
58	37,626	3,094,232	8223.7%
59	25,197	2,200,796	8734.4%
60	16,605	1,539,184	9269.4%
Total	1,901,411,189	4,562,956,253	240.0%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience Before Premium Rate Increase
Policy Forms: 30225-PA, 30225-PA1, 30225A-PA1

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	5,732,622	196,749	3.4%
2	5,456,435	440,993	8.1%
3	5,199,403	1,107,116	21.3%
4	4,967,526	1,016,235	20.5%
5	4,785,608	1,193,068	24.9%
6	4,635,209	1,740,701	37.6%
7	4,476,942	2,455,599	54.8%
8	4,367,781	2,346,339	53.7%
9	4,348,016	2,533,263	58.3%
10	4,396,830	2,767,540	62.9%
11	4,371,401	3,283,656	75.1%
12	4,407,524	3,706,847	84.1%
13	4,537,102	2,732,389	60.2%
14	4,585,850	2,647,421	57.7%
15	4,645,955	3,900,917	84.0%
16	4,648,694	5,162,327	111.0%
17	4,684,387	6,542,862	139.7%
18	4,712,608	6,126,643	130.0%
19	4,665,346	6,034,682	129.4%
20	4,896,394	6,717,868	137.2%
21	4,978,000	8,425,485	169.3%
22	4,645,082	8,214,008	176.8%
23	4,311,585	9,531,380	221.1%
24	3,937,458	9,297,971	236.1%
25	3,512,755	9,867,800	280.9%
26	3,197,340	10,402,680	325.4%
27	2,894,479	10,888,018	376.2%
28	2,602,508	11,317,414	434.9%
29	2,323,932	11,669,850	502.2%
30	2,060,464	11,900,959	577.6%
31	1,814,261	12,011,530	662.1%
32	1,585,190	12,002,135	757.1%
33	1,374,839	11,850,628	862.0%
34	1,184,671	11,612,710	980.2%
35	1,012,106	11,265,517	1113.1%
36	856,857	10,810,268	1261.6%
37	719,820	10,273,478	1427.2%
38	599,960	9,654,625	1609.2%
39	496,009	8,948,988	1804.2%
40	406,641	8,181,090	2011.9%
41	330,504	7,320,250	2214.9%
42	266,249	6,452,776	2423.6%
43	212,549	5,609,770	2639.3%
44	168,117	4,814,698	2863.9%
45	131,732	4,079,040	3096.5%
46	102,244	3,422,854	3347.7%
47	78,598	2,848,274	3623.8%
48	59,836	2,350,803	3928.7%
49	45,105	1,924,513	4266.8%
50	33,660	1,560,451	4635.9%
51	24,861	1,250,261	5028.9%
52	18,170	988,660	5441.3%
53	13,135	770,900	5869.0%
54	9,390	590,426	6287.7%
55	6,637	446,614	6729.3%
56	4,637	333,947	7202.2%
57	3,202	246,748	7707.2%
58	2,184	180,077	8244.4%
59	1,472	129,703	8812.8%
60	978	92,081	9410.9%
Total	140,548,852	316,192,598	225.0%



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milliman.com

June 19, 2017

To: Pennsylvania Insurance Department

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-130983743
Policy Forms: Nursing Home Indemnity Policy 30225-PA, 30225-PA1, and 30225A-PA1

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in June 2017. Milliman has conducted a high-level review of the cover letter, actuarial memorandum, and supplement to the actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

This policy is intended to be a Qualified Long-Term Care Insurance Contract under section 7702B(b) of the Internal Revenue Code of 1986.

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

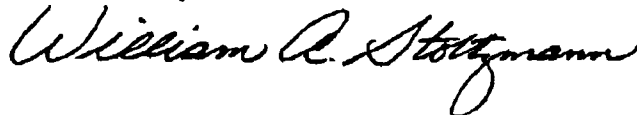
The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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Effective Date and Premium Payment Provisions	14
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) Misstatements in Your Application: During the first 6 months the Policy is in force, We may rescind (void) the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage.

While the Policy has been in force for at least 6 months but less than 2 years, We may rescind the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of You for coverage; and pertinent to the conditions for which benefits are sought.

After the Policy has been in force for 2 years, it will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health. If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) Pre-Existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Policy Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Conformity with Internal Revenue Code: It is intended that the Policy be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986. If on its effective date, it does not comply with the requirements of that section, it will be treated as if it had been changed to comply with those requirements.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair, bed, or wheelchair.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and**
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and**
- Provides 3 meals a day and accommodates special dietary needs; and**
- Is licensed by the appropriate licensing agency (if any) to provide such care; and**
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and**
- Has appropriate methods and procedures for handling and administering drugs and biologicals.**

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Licensed Health Care Practitioner

Any of the following who is not a member of the Immediate Family:

- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Qualified Long-Term Care Services

Qualified Long-Term Care Services are the necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which (a) are required by a chronically ill individual, and (b) are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and**
- A room and board or subsistence charge is made for the day; and**
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and**
- We are given proof in the form of a certification and written plan of care prepared and signed by a Licensed Health Care Practitioner, that the stay is appropriate because of Your:**
 - (a) - Being unable to perform without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or**
 - (b) - Requiring substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or**
 - (c) - Having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).**

A written plan of care is a document prepared and signed by a Licensed Health Care Practitioner specifying the long-term care service, type of care, treatment or procedure that is consistent with an assessment of Your ability to perform the Activities of Daily Living or to perform basic cognitive functions appropriately.

In addition to the above, we must receive proof that, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that You meet the requirements of (a), (b), or (c) above.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and**
- the Benefit Limit has not been reached; and**
- the Covered Period of Confinement continues.**

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and**
 - give the same Deductible (Elimination) Period credit;**
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.**

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive or Functional Impairment:

If Your policy lapses because premiums have not been paid by the end of the grace period and before Your benefits have been exhausted, We will provide a continuation of coverage. To be eligible for this continuation You must provide us with proof that beginning on or before the date of lapse and continuing without interruption, You:

- (a) Are unable to perform, without substantial assistance from another individual, 3 or more Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- (b) Require substantial supervision to protect You from threats to health and safety due to severe Cognitive Impairment; or
- (c) Have a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (a).

The proof, in the form of a certification by a Licensed Health Care Practitioner, must specify that the above requirements have been met and must be provided to Us:

- within 5 months of the lapse date, when You are eligible for continuation because You have been functionally impaired; and
- within 9 months of the lapse date, when You are eligible for continuation because You have been cognitively impaired.

You must pay all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will then provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**



IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

144-DA

Approved, Effective 1/19/93

Pennsylvania Insurance Department

By Dorothy S. Rhodes

Long-Term Care Insurance Nursing Home Indemnity Policy

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:

Secretary:

James A. Mitchell

William A. Stutzmann

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Schedule

Insured: (John Q. Doe) **Policy Number:** (9100-1234567)
First Premium: \$(XXX.XX) **Renewal Premium:** \$(XXX.XX)
Premium Mode: (Annual) **Policy Date:** (October 15, 1992)
Effective Date: (October 15, 1992)

CONFINEMENT BENEFITS

Nursing Home Benefit (with Bed Reservation Feature)
Alternate Facility Benefit (with Bed Reservation Feature)

COVERAGE LIMITS FOR CONFINEMENT BENEFITS

Daily Benefit - Nursing Home: \$(200.00)
Daily Benefit - Alternate Long-Term Care Facility: \$(120.00)
Deductible (Elimination Period): (20 Days)
Benefit Limit: (Lifetime/Unlimited)
Policy Premium (For Your Premium Mode): \$(xxx.xx)

Waiver Of Premium During Covered Confinements: Included

HOME AND COMMUNITY CARE BENEFITS

Home Care and Adult Day Care Benefits
Respite Care and Equipment Purchases (Additional Community Care Benefits)

COVERAGE LIMITS FOR HOME AND COMMUNITY CARE BENEFITS

Rider Issue Date: (October 15, 1992)
Rider Effective Date: (October 15, 1992)
Covered Care Daily Maximum: \$(100.00)
Covered Care Deductible (Elimination Period):
Home Care and Adult Day Care: (20 Days)
Respite Care and Equipment Purchases: None
Covered Care Maximum Payment Period: (730 Days)
Rider Premium (For Your Premium Mode): \$(xxx.xx)

BENEFIT INCREASES OPTION RIDER

Do You Have This Option? (Yes)
NOTE: A higher premium is paid when the (Compound Increases)
policy includes this option.

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) **Misstatements in Your Application:** After this Policy has been in force for 2 years, only fraudulent misstatements in Your application may be used to: void this Policy; or deny any claim for loss incurred or disability that starts after the 2 year period.

(b) **Pre-Existing Conditions:** Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and
- Provides 3 meals a day and accommodates special dietary needs; and
- Is licensed by the appropriate licensing agency (if any) to provide such care; and
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires continual supervision to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- Your short or long term memory;
- Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and
- Your deductive or abstract reasoning.

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- Someone must give You direct physical assistance, somewhere in the process of performing that activity; every time You do the activity; and
- You alone cannot perform the entire activity with the supports and mechanical aides that are normally available to You.

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is licensed by the appropriate licensing agency to engage primarily in providing nursing care and related services to inpatients and:

- Provides 24 hour a day nursing service under a planned program of policies and procedures which was developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one Doctor and one Nurse; and
- Has a Doctor available to furnish medical care in case of emergency; and
- Has at least one Nurse who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds); and
- Has a Nurse on duty or on call at all times; and
- Maintains clinical records for all patients; and
- Has appropriate methods and procedures for handling and administering drugs and biologicals.

NOTE: The above requirements are typically met by licensed skilled nursing facilities, comprehensive nursing care facilities and intermediate nursing care facilities as well as some specialized wards, wings and units of hospitals. Those requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
- give the same Deductible (Elimination) Period credit;

that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for continual supervision because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition; but any decision will be made by Us based on consistently applied, reasonable standards that are administered in a manner consistent with Our established claims administration procedures.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease); and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

**PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER
IMPORTANT DOCUMENTS.**

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

RECEIVED

DEC 13 2007

MILLIMAN
MINNEAPOLIS

**Long-Term Care Insurance
Nursing Home Indemnity Policy**

Insured: John Q. Doe

Policy Number: 9100-1234567

We at IDS Life Insurance Company are pleased to issue this Insurance Policy to You. This Policy has many important features. We urge You to read it carefully.

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

All You have to do to keep this Policy in force until benefits have been exhausted is to pay premiums on time. We cannot cancel or refuse to renew this Policy. Your premiums will not increase due to a change in Your age or the deterioration of Your mental or physical health. We can, however, change Your premiums based on Your premium class; but only if We change the premiums for all similar policies issued in Your state on the same form as this Policy. Premium changes will only be made as of an anniversary of the Policy Date. We must give You at least 31 days written notice before We change Your premiums.

30 DAY RIGHT TO EXAMINE YOUR POLICY

You have 30 days from the day You receive this Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it to Us or Our representative within 30 days after You receive it. We will refund the full amount of any premium paid; and the Policy will be void from the start.

CAUTION ABOUT APPLICATION ANSWERS

The issuance of this Policy is based upon Your responses to questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind coverage. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your answers are incorrect, contact Us at Our Home Office. Our address is: IDS Tower 10, Minneapolis, Minnesota 55440.

Signed for and issued by IDS Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us.

NOTICE TO BUYER: This policy may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

Basic Contract Provisions

This section tells You: the documents which state all of the contractual agreements; the importance of completing Your application truthfully; and other basic rights, obligations and features.

The Contract

Entire Contract; Changes: The entire contract between You and Us is as stated in this Policy, Your application and any attached papers. No change in this Policy will be effective until approved by one of Our officers. That approval must be noted on or attached to this Policy. None of Our representatives or other persons may change this Policy or waive any of its provisions.

Contesting Coverage

Time Limit on Certain Defenses:

(a) Misstatements in Your Application: After this Policy has been in force for 6 months, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to Our acceptance of You for coverage.

While this Policy has been in force for at least 6 months but less than two (2) years, We may void the Policy or deny an otherwise valid claim upon a showing of misrepresentation that is both:

- material to Our acceptance of You for coverage; and
- pertinent to the conditions for which benefits are sought.

After this Policy has been in force for two (2) years it will not be contestable upon the grounds of misrepresentation alone and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

If We pay any benefits under this Policy, the benefit payments will not be recovered by Us in the event the Policy is rescinded.

(b) Pre-Existing Conditions: Except as provided for misstatements in Your application, We will not reduce or deny any claim under this Policy because a sickness or physical or medical condition had existed before the Effective Date.

Other Provisions

Misstatement of Age: Your age may have been misstated in Your application. In that case, We will pay the benefits that the premiums You have paid would have purchased at Your true age. If, based on Your true age, the Policy would not have become effective, We will only be liable for the refund of all premiums paid for this Policy.

Conformity with State Statutes: If this Policy does not comply with the laws of the state in which You reside on the Effective Date, We will treat it as if it had been changed to comply with those laws.

Time Periods: All time periods begin and end at 12:01 a.m. Standard Time at Your residence.

Non-Participating; Dividends Not Payable: This Policy does not participate in Our profits or surplus earnings and no dividends will be paid at any time.

Glossary Of Important Terms

This section gives the meaning of special words and phrases used in the Policy. In addition, the terms Benefit Limit, Daily Benefit and Deductible (Elimination) Period appear in the Schedule and are more fully described in the Benefit Provisions. To help You recognize these special words and phrases, the first letter of each word, or each word in the phrase, is capitalized wherever it appears.

Activities of Daily Living (ADLs)

The following six (6) basic functions are the Activities of Daily Living:

- Bathing:** Your ability to wash Yourself in the tub, shower or by sponge bath.
- Continence:** Your ability to control bowel and bladder function voluntarily; and to maintain a reasonable level of personal hygiene when you are not able to control those functions.
- Dressing:** Your ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn and to fasten and unfasten them.
- Feeding:** Your ability to get nourishment into Your body by any means once it has been prepared and made available to You.
- Toileting:** Your ability to go to and from the toilet and maintain a reasonable level of personal hygiene. This includes getting on and off the toilet and caring for clothing.
- Transferring:** Your ability to move in and out of a chair or bed.

Alternate Long-Term Care Facility

A facility that is engaged primarily in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

- It provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and**
- Has an awake, trained and ready to respond employee on duty at all times to provide that care; and**
- Provides 3 meals a day and accommodates special dietary needs; and**
- Is licensed by the appropriate licensing agency (if any) to provide such care; and**
- Has formal arrangements for the services of a Doctor or Nurse to furnish medical care in case of emergency; and**
- Has appropriate methods and procedures for handling and administering drugs and biologicals.**

NOTE: These requirements are typically met by assisted living facilities that are either free standing facilities or part of a life care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by: individual residences; or independent living units.

Cognitive Impairment

Deterioration or loss in Your intellectual capacity which requires supervision or hands-on services to protect Yourself or others as measured by clinical evidence and standardized tests that reliably measure Your impairment in the areas of:

- **Your short or long term memory;**
- **Your orientation as to person (such as who You and others are), place (such as Your location) and time (such as day, date and year); and**
- **Your deductive or abstract reasoning.**

NOTE: Coverage is provided for Alzheimer's Disease and similar forms of senility and irreversible dementia that result in Cognitive Impairment.

Continual One-to-one Assistance

You are considered to need Continual One-to-one Assistance in performing an Activity of Daily Living when:

- **Someone must give You supervision or hands-on services, somewhere in the process of performing that activity; every time You do the activity; and**
- **You alone cannot perform the activity with the supports and mechanical aides that are normally available to You.**

An example for Dressing is the need for physical help from someone in putting on and buttoning a garment because of paralysis or other physical inability.

Doctor

Someone, other than a Nurse, who is legally qualified and licensed to practice medicine and is operating within the scope of that license. The term "Doctor" does NOT include: You or a member of Your immediate family; anyone who normally resides in Your home or residence; or anyone who has an ownership interest in, or is an employee of, any facility in which You stay.

Immediate Family

Your spouse and the following relatives of You and Your spouse: Parents; grandparents; brothers; sisters; children and grandchildren.

Injury

Any accidental bodily injury You have sustained.

Nurse

Someone who is licensed as: a Registered Graduate Nurse (RN); or a Licensed Practical Nurse (LPN); or a Licensed Vocational Nurse (LVN). The term "Nurse" does NOT include: You; a member of Your immediate family; or anyone who normally resides in Your home or residence.

Nursing Home

A facility or distinctly separate part of a hospital or other institution which is operating pursuant to law and is licensed by the appropriate licensing agency to provide, in addition to room and board accommodations, skilled nursing care and related services to inpatients under the supervision of a duly licensed physician; and

- provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and
- is approved for payment of Medicare benefits or is qualified to receive such approval, if so requested; and
- maintains a daily medical record of each patient.

NOTE: The above requirements are generally NOT met by: Alternate Long-Term Care Facilities; rehabilitation hospitals; rest homes; homes for the aged; sheltered living accommodations; residence homes; or independent living units.

Policy Date

Your Policy Date is shown in the Schedule. It is the date used to determine policy anniversaries, policy years, and premium due dates.

Sickness

Your illness or disease as determined by a Doctor.

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions And Limitations

This section states the conditions under which payment will not be made even if You otherwise qualify for benefits.

What's Not Covered

The policy will not pay benefits for anything:

- Provided by a member of Your Immediate Family.**
- For which no charge is made in the absence of insurance.**
- Provided outside of the United States of America or its possessions.**
- Provided in a Veteran's Administration or federal government facility; unless You or Your estate are charged for the services or confinement.**
- That results from war or act of war, whether declared or not.**
- That results from an attempt at suicide or an intentionally self-inflicted injury.**

Confinement Benefits Provisions

This section describes the coverage available when You are confined in a Nursing Home or Alternate Long-Term Care Facility. It has some important definitions and then tells You how to qualify for benefits; how much will be paid; and how long benefits will be paid.

The Benefit Limit and How it Works

The Benefit Limit is the combined maximum number of days for which You will be paid under the Nursing Home and Alternate Facility Benefits. The Schedule shows the number of days in the Benefit Limit. This is a lifetime limit for all Your Nursing Home and Alternate Facility Benefits. If the Schedule shows that this maximum is "Unlimited", there is no lifetime limit on the number of days for which these Benefits may be paid.

The Deductible (Elimination) Period and How It Works

The Deductible (Elimination) Period is the number of consecutive days of Confinement needed to qualify for these Benefits. (We will consider Days of Confinement to be consecutive even when they are interrupted by days during which You are confined in a duly licensed hospital.) The Schedule shows the Deductible (Elimination) Period. You will not be paid benefits for the Deductible (Elimination) Period.

Only one Deductible (Elimination) Period applies to all Nursing Home and Alternate Long-Term Care Facility stays for a Covered Period of Confinement.

Day of Confinement

A Day of Confinement is each day You are confined as an inpatient in a Nursing Home or Alternate Long-Term Care Facility for which a full day's room and board or subsistence charge is made.

Covered Period of Confinement

A Covered Period of Confinement begins immediately after You have satisfied the Deductible (Elimination) Period. It continues as long as, for the same or related cause or causes, You;

- remain in the same Nursing Home or Alternate Long-Term Care Facility;**
- transfer to another Nursing Home or Alternate Long-Term Care Facility; or**
- leave and return to a Nursing Home or Alternate Long-Term Care Facility before the Covered Period of Confinement ends.**

A Covered Period of Confinement ends when 180 consecutive days elapse during which You are not eligible for payment under either; the Nursing Home Benefit; or the Alternate Facility Benefit. We will not count as part of that 180 consecutive days, any days You are confined in a duly licensed hospital.

Only one Deductible (Elimination) Period needs to be satisfied for each Covered Period of Confinement.

Nursing Home Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in a Nursing Home during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Nursing Home Stays

- A Day of Confinement during a Nursing Home stay is covered by the Policy when:
- You are confined as an overnight resident inpatient in a Nursing Home; and
 - A room and board or subsistence charge is made for the day; and
 - The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
 - We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You have an Injury or Sickness; or
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during a Nursing Home stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Nursing Home stays. It may be changed, over time, by a Benefit Increases Option, if applicable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in a Nursing Home, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during a Nursing Home stay and You are charged to reserve Your accommodations in the Nursing Home, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Nursing Home instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Alternate Facility Benefit

We will pay a benefit for each Day of Confinement, after the Deductible (Elimination) Period, while You are confined in an Alternate Long-Term Care Facility during a Covered Period of Confinement. Benefit payments are subject to the provisions stated below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Alternate Long-Term Care Facility Stays

A Day of Confinement during an Alternate Long-Term Care Facility stay is covered by the Policy when:

- You are confined as an overnight resident inpatient in an Alternate Long-Term Care Facility; and
- A room and board or subsistence charge is made for the day; and
- The stay occurs during a Covered Period of Confinement that starts while the Policy is in force; and
- We are given proof, in the form of a Doctor's certification and evaluation (or other evidence), that the stay is appropriate because either:
 - You need Continual One-to-one Assistance in performing 3 or more Activities of Daily Living; or
 - You are dependent upon someone else for supervision or hands-on services because of Cognitive Impairment.

All Levels of Care Covered

Benefit payments will not change based on the level of care You receive during an Alternate Long-Term Care Facility stay.

How Much We Pay

We will pay the applicable Daily Benefit for each Day of Confinement after the Deductible (Elimination) Period. The Schedule shows the Daily Benefit for Alternate Long-Term Care Facility stays. It may be changed, over time by a Benefit Increases Option, if applicable. No payment will be made for any day for which a Nursing Home Benefit is payable.

How Long Benefits Will Be Paid

This Benefit will be paid for each Day of Confinement in an Alternate Long-Term Care Facility, after the Deductible (Elimination) Period, for as long as:

- the above conditions are met; and
- the Benefit Limit has not been reached; and
- the Covered Period of Confinement continues.

Bed Reservation Feature

If You become hospitalized during an Alternate Long-Term Care Facility stay and You are charged to reserve Your accommodations in the Alternate Long-Term Care Facility, We will:

- pay the same benefits; and
 - give the same Deductible (Elimination) Period credit;
- that You would have received if You had stayed in the Alternate Long-Term Care Facility instead of a licensed hospital. We will do this for a total of 21 days of hospitalization (continuous or not) for a Covered Period of Confinement.

Waiver Of Premium

Benefit Conditions

We will waive premium payments on a month-to-month basis during extended Nursing Home and Alternate Long-Term Care Facility stays. The waiver begins after benefits have been paid under the Nursing Home and Alternate Long-Term Care Facility Benefits for 90 consecutive days. We will then:

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and**
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Alternate Facility Benefits.**

This waiver of premium payment stops when You cease to receive Nursing Home or Alternate Facility Benefits. At the end of the period for which the last premium has been waived, You will be required to pay the pro rata premium needed to return the Policy to its previous premium payment mode. You must pay future premiums as they become due.

Claims Information

This section tells You when to notify Us of a claim; what to send Us; how We pay claims; and other rights and responsibilities under the contract.

Telling Us About a Claim

Early awareness by Our Claims Department will facilitate a timely review of Your claim. You can help Us in this process by letting Us know immediately when You first become disabled to the extent that You may soon need care covered by the Policy. Of course someone else who is authorized to act on Your behalf can also contact Us for You.

Notice of Claim: We must be told when You have a claim for benefits. The notice can be given to Us at Our Home Office or to Our representative. It must be received within 30 days of the date the covered loss starts, or as soon as reasonably possible. Include in the notice at least: Your name; Your Policy Number; and an address to which the claim form should be sent.

How to File a Claim

Claim Forms: When We get notice of Your claim We will send out a claim form to be used to file proof of loss.

The claim form has instructions on how to fill it out and where to send it. Please read the form carefully. Answer all questions and send all required information to the address on the form. This will assist Us in the evaluation of Your claim so that We can determine the benefits for which you are eligible.

If You or Your representative do not get the claim form within 15 days, proof of loss can be filed without it by sending Us a letter which describes the occurrence, the character and the extent of the loss for which claim is made. That letter must be sent to Us at Our Home Office within the time period stated in the next paragraph. As a minimum, the description should tell Us such things as: Your name and address; the care for which You are claiming benefits; the names and addresses of the medical professionals and care providers who are aware of Your condition or have provided care covered by the Policy; and the periods for which You are claiming benefits.

When to File a Claim

Proofs of Loss: We must get written proof of loss within 120 days after the end of each month for which benefits may be payable. If it was not reasonably possible to give Us written proof in the time required, We shall not reduce or deny a claim for being late if the proof is filed as soon as reasonably possible. Unless the claimant is not legally capable, the required proof must always be given to Us no later than 1 year from the time specified.

Our Evaluation Criteria and Claims Payment Process

How We Determine When Proof of Loss is Satisfactory: We will work with You, Your Doctor and other care givers to obtain information about: Your state of health; and the degree to which You need care for injury or sickness, assistance in performing Activities of Daily Living, or cognitive impairment. We will then make an objective review of that information to determine whether You qualify for benefits. We reserve the right, as part of the review, to do a face-to-face assessment or to require You to take a physical examination paid for by Us. Similar reviews may be required, at reasonable intervals, to determine Your eligibility for continued benefits. We may use an outside service to assist in evaluating Your condition.

Physical Examinations: As part of Our evaluation of Your claim, We have the right to require a medical exam when a claim is made and at reasonable intervals while You are claiming continued benefits. If an exam is required, You will not have to pay for it.

Time of Payment of Claim: After We receive the proper written proof of loss, We will pay any benefits then due: (1) monthly, when the loss is expected to result in on-going benefits; and (2) immediately, when Our liability has ended.

Payment of Claims: All benefits will be paid to You. Any benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay benefits up to \$1,000 to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

How to Appeal A Claim

You will be informed by Us in writing if a claim, or any part of a claim, is denied.

Appeal Process: If You believe that Our claim decision is in error, We will reconsider Your claim. You must send Us a brief note (no special form needed) that tells Us why You feel We should change Our decision. You may authorize someone else to act for You in this appeal process.

The note should include the names, addresses and phone numbers of any of the following providers who You think We should contact to learn more about Your health and the care You received: the Doctors and other health care professionals who treated You; and the facilities from which You received care or treatment.

We will act promptly on Your request. Once We complete Our review, We will immediately tell You Our decision in writing with Our reasons stated clearly. We will pay any benefits then due as a result of Our reconsideration.

Legal Actions: You cannot sue on Your claim before 60 days after written proof of loss has been given as required by this Policy. You cannot sue after 3 years from the time written proof of loss is required to be given.

Effective Date And Premium Payment Provisions

This section tells You such things as: when the Policy becomes effective; how and when to pay premiums; the importance of paying premiums on time; and what happens if premiums are not paid on time.

The Policy Taking Effect

Effective Date and Consideration: This Policy is issued based on: the statements made in Your application; and, payment of the First Premium shown in the Schedule. It takes effect on the Effective Date shown in the Schedule; provided the First Premium is paid.

Your Right to Cancel the Policy at Any Time

You may cancel Your Policy at any time by sending Us written notice. Your Policy will be canceled as of the date We receive the notice, or the later date stated in Your notice. We will promptly return the unearned portion of any premium paid. The cancellation will not prejudice any claim for any uninterrupted institutional confinement that begins before the effective date of the cancellation.

Refund of Premium Paid Beyond Your Death

If You die while insured under this Policy, We will refund the pro rata portion of any premium paid for a period after Your death. The refund will be made within 30 days of Our receipt of written proof of Your death and will be payable to Your estate.

Paying Premiums

The Premium Mode shown in the Schedule states how often premiums are to be paid. Your first premium is due as of the Policy Date as shown in the Schedule. Each premium after the first is due at the end of the period for which the prior premium was paid.

What Happens When Premiums are Not Paid

Grace Period: This Policy has a 31 day grace period. If a premium is not paid on or before the date it is due, it may be paid during the following 31 days. The Policy will stay in force during the grace period. If the premium is not paid during the grace period, the Policy will terminate at the end of the grace period. This is called a lapse. Lapse will not affect any continuing claim that begins before the Policy terminates.

Extension of Benefits: Termination of this Policy will not affect any claim for uninterrupted institutional confinement that begins while the Policy is in force and continues beyond the date of termination. This extension of benefits, beyond the period the Policy was in force, is limited to the unexpired duration of the Benefit Limit; and will be subject to the Deductible (Elimination) Period and all other applicable provisions of the Policy. For the purposes of this provision, an uninterrupted institutional confinement will include: being transferred to another Nursing Home or Alternate Long-Term Care Facility; receiving another level of care in the same facility; and transferring back to a Nursing Home or Alternate Long-Term Care Facility from a temporary or acute hospitalization.

Reinstatement: Once this Policy lapses, We may or may not put it back in force (reinstate) at Our option. An acceptance of late premium by Us (or by Our representative, if authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We or Our representative require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. If We do not give You prior written notice of Our disapproval, the Policy will be reinstated on the 45th day after the date of the conditional receipt.

The reinstated Policy will cover only losses that begin after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the reinstated Policy.

Any premiums We accept for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

Unpaid Premiums: When a claim is paid, any premium due and unpaid will be deducted from the claim payment.

Continuation for Alzheimer's Disease and Other Forms of Cognitive Impairment and Functional Capacity

Continuation Provisions: If Your Policy terminates for any reason before Your benefits have been exhausted, We will provide a continuation of coverage; provided We receive the following within 9 months after the termination date:

- proof, in the form of a Doctor's certification, that You have Cognitive Impairment (including but not limited to Alzheimer's disease) or the loss of functional capacity; and
- payment of all past-due premiums for the Policy and all Riders that were in force immediately prior to the date of lapse.

This continuation will provide uninterrupted coverage to the same extent that the Policy and all Riders in force immediately prior to the termination date would have provided if they had not terminated. If You become eligible for benefits during the continuation period, they will be payable; subject to any applicable deductible (elimination) periods, maximum payment periods and all other provisions of the Policy and its Riders.

PLEASE KEEP THIS POLICY IN A SAFE PLACE WITH YOUR OTHER IMPORTANT DOCUMENTS.

Long-Term Care Insurance Nursing Home Indemnity Policy

- THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.
- WE HAVE A LIMITED RIGHT TO CHANGE PREMIUMS.
- THIS POLICY IS NON-PARTICIPATING (Does not pay dividends)

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

Life Insurance Company
Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.


Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Simple Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your original amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary

Jeff. 2/8/95

IDS Life Insurance Company
18 Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

This rider provides for lifetime increases in Daily Benefits.

Based on the application for this Rider and the payment of the premium, this Rider is made a part of this Policy. This rider is subject to all policy terms and provisions unless this Rider changes them.

Compound Increases Option

Your Daily Benefit amounts for Nursing Home and Alternate Long-Term Care Facility stays will increase on each anniversary of the Policy Date. Each increase will be equal to 5% of Your previous amounts. Annual increases will continue as long as the Policy and this Rider remain in force. Increased amounts will apply to each day benefits are payable under the Policy on or after the date of the increase; even if You are then receiving benefits.

This rider is issued as of the Effective Date of the Policy unless a different date is shown under the Schedule.

IDS Life Insurance Company



Secretary

<DXBDate>

<Policynumb><code>

<Name Here>

<Name Here>

<Name Here>

<Address>

<Address>

<Address>

<Address>

Notice of Premium Rate Increase

Re: <ADMINCO> Long Term Care Insurance Policy
<POLICYNUMB> <CODE>

Dear <Greeting>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Your premium payments currently waived

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase

Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium

When this increase takes effect, your <PREMMODE> premium payment will increase from \$<OLDPREMAMT> to \$<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options

Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase.

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > a RiverSource client service representative at **1-800-862-7919**. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or a RiverSource client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

<ADMINCO>

<DSONUMBER> <REPNAMNUM>

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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<DXBDate>

<Policynumb><code>

<Name Here>

<Name Here>

<Name Here>

<Address>

<Address>

<Address>

<Address>

Notice of Premium Rate Increase

Re: <ADMINCO> Long Term Care Insurance Policy
<POLICYNUMB CODE>

Dear <Greeting>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Reasons for this increase

Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium

When this increase takes effect, your <PREMMODE> premium payment will increase from \$<OLDPREMAMT> to \$<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the <EFFECTDATE> due date.

You have options

We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from \$<NHDBAMT> to \$<ALTDDBAMT>, your <PREMMODE> premium would be \$<ALTPREM>. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.
- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

(Comment: this statement appears only if the client has Home Care coverage through Rider)

You may also consider reducing your Home Care coverage benefits.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

(Comment: this statement appears only if the client is eligible for Contingent Benefit Upon Lapse)

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or a RiverSource client service representative before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Your next step

If you decide to keep your present coverage

Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage

Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > a RiverSource client service representative at **1-800-862-7919**. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or a RiverSource client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

<ADMINCO>

<DSO NUMBER> <REPNAME NUM>

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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Long-Term Care Coverage Change Request Form

<Date>

<Policynumb><code>

<Name Here>

<Name Here>

<Name Here>

<Address>

<Address>

<Address>

<Address>

Dear <Greeting>:

You have options to modify your existing coverage to offset the upcoming premium increase on your policy. If you want to elect one of these options, please indicate your choice in the space provided below and return this form in the enclosed postage-paid envelope to:

<ADMINCO>

70100 Ameriprise Financial Center

P.O. Box 10

Minneapolis, MN 55440-8902

If you decide to modify your coverage at this time

Please complete this Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the premium, you will receive a refund for any overpaid premium.

Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

Your options

Please indicate your choice by checking one of the options below:

☐ Reduce my current daily benefit amount from \$<NHDBAMT> to \$<ALTDDBAMT> which will result in a <PREMMODE> premium of \$<ALTPREM> beginning with the premium payment that is due <EFFECTDATE>. I understand that my policy may contain other benefit amounts that will decrease proportionally if I reduce my daily benefit amount.

(Comment: this statement appears only if the client has Home Care coverage through Rider)

Your Home Care coverage and premium will remain unchanged.

(Comment: this statement appears only if the client has Simple Benefit Increase Option)

The Benefit Increase Option on your policy remains intact and will result in an increase of \$<ALTSIMBIO> in your daily benefit amount in one year.

(Comment: this statement appears only if the client has Compound Benefit Increase Option)

The Benefit Increase Option on your policy of 5% per year will remain intact and will continue to increase your daily benefit amount annually.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

☐ Because I purchased the Nonforfeiture Benefit Rider, I want to stop paying premiums and have a reduced lifetime benefit, as described in my policy.

(Comment: this statement appears only if the client eligible for Contingent Benefit Upon Lapse)

☐ Because I am eligible for a contingent nonforfeiture benefit upon lapse, I want to stop paying premiums and have a reduced lifetime benefit equal to the greater of (1) 100% of the sum of all premiums paid over the life of the policy, and (2) 30 times my policy's current nursing home daily benefit amount.

☐ Please make the following change(s) to my policy:

You will receive a new policy schedule after these changes are processed.

Signature of Policyholder

Date

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > a RiverSource client service representative at **1-800-862-7919**. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

<ADMINCO>

<DSO NUMBER> <REP NAME>

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